

March 2016

# Public Perceptions of the NHS and Social Care Survey

An ongoing tracking study for the Department of  
Health, winter 2015 wave

Since this research was carried out the Department of Health has been renamed the Department of Health and Social Care.



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# Executive summary

# 1. Executive summary

## 1.1 Background to this research

This survey is the latest in a series of surveys conducted by the Ipsos MORI Social Research Institute on behalf of the Department of Health between spring 2000 and winter 2015. The aim of the survey is to explore public attitudes towards, and perceptions of, the NHS and social care services, and to provide a means of tracking these perceptions and attitudes over time.

## 1.2 Methodology

All interviews were carried out by Ipsos MORI interviewers in participants' homes, using Computer Assisted Personal Interviewing (CAPI). A total of 1,007 interviews were conducted with adults aged 16 and over in England between 2 November and 13 December 2015.

In order to achieve a sample representative of the national and regional population, quotas were set for the number of interviews carried out with different types of participants. Quotas were set for age, gender and working status. Data have been weighted to the known profile of the population.

The methodology has been consistent in every wave of this survey, allowing results to be tracked over time. Further details about the methodology are provided in the appendices.

## 1.3 Key findings of the research

- Satisfaction with the running of the NHS remains stable (and high), but concern about the future of the service has risen.
- Pride in the NHS remains high and perceptions of safety, dignity and respect, and compassion are at the highest levels recorded.
- Views of waiting times are less positive.
- More than before say that they were able to exercise choice over their treatment and care.
- More now agree than before that it is easy to feed back about NHS services, though there is no consensus about whether the NHS acts on feedback.
- People are positive about new models of care and think GP practices should open during the evenings and weekends.
- Few have started to prepare for potential future social care costs and concern about this has fallen.

- More people think the government is being effective in reducing smoking than in tackling obesity. However, individuals are considered to have more responsibility in tackling obesity than the government or the food and drinks industry.

## Overall satisfaction with the NHS

More than seven in ten (71%) members of the public are satisfied with the running of the NHS. This has not changed significantly since last year (68% were satisfied in 2014).<sup>1</sup>

However, people are less optimistic about the future of the NHS. Just one in seven (15%) now expects the NHS to get better over the next few years, a steep drop from one third (34%) in winter 2014. The proportion of people expecting the NHS to get worse has increased sharply (from 30% in 2014 to 55% in 2015).

People continue to be more positive about local NHS services than they are about the NHS nationally. Close to eight in ten (78%) agree that their local NHS is providing them with a good service, an improvement since 2014 when three in four (74%) agreed. Two thirds (66%) agree that the NHS is providing a good service nationally; this is also an increase since 2014, when six in ten (60%), agreed. The public are less positive about the government's policies for the NHS. Around three in ten (28%) agree that the government has the right policies for the NHS, while four in ten (42%) disagree. These figures have not changed since 2014.

## Key perceptions of the NHS

Pride in the NHS is as strong as ever. Just under eight in ten (78%) agree that Britain's National Health Service is one of the best in the world. This has not changed since 2014 when 77% agreed. Prior to this, pride had been rising fairly steadily since the question was first asked in summer 2007.

Perceptions of dignity and respect, and compassion continue to improve. Eight in ten (80%) agree that people are treated with dignity and respect when they use NHS services (and this has risen from 76% in 2014). The same proportion (80%) agree that people are treated with compassion when they use NHS services, up from 73% in 2014.

Confidence in the safety of NHS hospitals is also at the highest level seen in this survey; 85% agree that they would feel safe in an NHS hospital if they were very ill. This has risen since 2014, when 79% agreed.

Perceptions of NHS waiting times are less positive, however. Around seven in ten agree with each of the statements 'NHS waiting times for emergency treatment and care are too long' (71%) and 'NHS waiting times for non-emergency treatment and care are too long' (70%). Fewer (59%) agree with the statement that 'NHS waiting times for mental health treatment and care are too long', but just over a third (34%) say that they don't know about this (compared with 10% for emergency treatment and care and 9% for non-emergency treatment and care).

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<sup>1</sup> When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.3.

Opinions on whether hospitals provide the same standard of service to patients at the weekend as during the week are mixed; 36% agree and 52% disagree. There is strong support for GP practices to open during the evening and at weekends for routine appointments, with 78% agreeing that they should.

Half (52%) agree with the statement 'mental health services are as much of a priority for government as other NHS services', while just under a third (32%) disagree. A significant minority of 16% say that they don't know.

#### Patient involvement in treatment and care

People are positive about their level of involvement and choice in their treatment and care. Eight in ten (82%) agree that they were involved as much as they wanted to be in decisions about their care or treatment the last time they saw a health professional and two thirds (65%) say they were able to choose the treatment or service which best suited their needs. The public are less positive about the levels of choice and involvement they think people in general have though. Just over half agree that 'people have enough involvement in their treatment and care' and a similar proportion agree that 'people have enough choice about their treatment and care' (54% and 52% respectively).

#### Feedback and complaints

There has been an increase in the proportion agreeing that it is easy for people to feed back on NHS services, with 48% agreeing (compared with 43% in 2014). Overall, the public are more likely to agree that the NHS acts on feedback it receives from patients than disagree (44% compared with 26%). Almost three in ten (29%) say they don't know though.

#### NHS funding

Three quarters (74%) of the public agree that the NHS provides good value for money to taxpayers. This has risen since 2014 when seven in ten (70%) agreed. Agreement is as high as it has been since the question was first asked in summer 2007.

However, as in previous waves of the survey, lack of resources or investment is seen as the biggest problem facing the NHS. More than four in ten (43%) cite this as a problem.

In line with these findings, the majority (88%) of the public agree with a statement that the NHS will face a severe funding problem in future. This has increased since last year, when 84% agreed.

#### Public health

Cancer continues to be perceived to be the biggest health problem facing people today, mentioned by 41% of the public. This has risen since 2014 when it was mentioned by 35%. This is followed by obesity (32%), and age-related illnesses (24%). Concern about mental health and heart disease/attacks have both risen since 2014 (19% mention mental health compared with 15% in 2014 and 17% mention heart disease/attacks compared with just 10% in winter 2014).

Perceptions of government effectiveness in tackling a range of public health issues are mixed. Just under two thirds (63%) of the public think the government is being effective in reducing smoking. However, only 30% think it is

being effective in reducing diabetes and only a quarter (25%) think it is being effective in reducing harmful drinking. A similar proportion (23%) think it is being effective in tackling obesity.

Looking just at obesity, individuals are considered to have more responsibility in tackling it than the food and drinks industry or the government. Just over nine in ten (92%) think that individuals have a great deal/a fair amount of responsibility in tackling obesity, compared with just over seven in ten (73%) for the food and drinks industry and just over five in ten (56%) for the government.

#### Social care: perceptions of current services

The public are more positive towards social care services provided by local authorities than they are towards the government's social care policies. Almost four in ten (37%) agree that local authorities in England are providing good social care services, while only a quarter (25%) agree that the government has the right policies for social care in England.

#### Social care: preparing for the future

A relatively small proportion (27%) of the public has already begun preparing financially to pay for the social care services they might need when they are older. Around seven in ten (72%) have made hardly any preparations or have not started preparing at all. These results are in line with those from 2014.

Concern about meeting the costs of social care services has fallen since 2014, with 44% now saying that they are concerned, compared with 59% in 2014.

# Introduction

## 2. Introduction

### 2.1 Background and objectives

The aim of the survey is to explore public attitudes towards, and perceptions of, the NHS and social care services. The core survey consists of tracker questions which assess how public opinion varies over time. Additional questions have been included as new topics emerge. For example, in this wave new questions were included on new models of care as well as a number of questions on obesity. This flexibility means the survey can reflect the most current issues facing the NHS and social care.

### 2.2 The structure of the report

The first chapter of this report is the executive summary, which provides an overview of the key findings from the survey. This is followed by the introduction in chapter 2, which sets out the background and the objectives of the survey. Chapters 3 – 11 describe the findings in detail. Details of the methodology, notes about how to interpret the data, the statistical reliability of the data, a guide to the social classifications referred to in this report, and the questionnaire are included in the appendices.

### 2.3 Note about presentation and interpretation of the data

This report presents the data from the latest wave of this survey, conducted in winter 2015. This data is compared with data from the winter 2014 survey to give an indication of any changes that have occurred since then. In addition, data from earlier waves of the survey are also referred to in order to provide a picture of longer-term trends.

Differences in results to the same question from different waves of the survey have to be of a certain size in order to be statistically significant. When it states in this report that a finding has increased or decreased compared with a previous wave, this increase or decrease will be statistically significant at the 95% confidence interval. When it states in this report that a finding has not changed since the previous wave, but the two percentages quoted are different, this is because the difference between the two percentages is not large enough to be statistically significant at the 95% confidence interval.

This report also comments on differences in the data between different sub-groups within the total sample surveyed in this wave, for example differences in views between men and women. Again, a difference has to be of a certain size in order to be statistically significant and only differences which are statistically significant at the 95% confidence interval are commented on in this report.

Only sub-groups comprising 100 or more participants are commented on in this report. It should be noted, however, that the smaller the size of the sub-group, the less we can rely on the survey estimates to be true representatives of the population as a whole. Findings for groups with as few as 100 participants can be subject to confidence intervals of +/-10% (please see appendix 12.3 for more details).

In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented on in the report.

A number of different sub-groups have been reviewed during the data analysis stage and the ones referenced in the report are listed in appendix 12.3.

Survey participants are permitted to give a 'don't know' answer to each of the questions and these responses are not excluded from the analysis. These responses are referred to in the report where they form a substantial proportion.

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of 'don't know' categories, or participants being able to give multiple answers to the same question. Throughout the report an asterisk (\*) denotes any value of less than half of 1% but greater than 0%.

Where this report refers to figures for those 'satisfied', this is an aggregate sum of those who say they are 'very satisfied' and those who say they are 'fairly satisfied'. In turn, 'dissatisfied' figures refer to an aggregate sum of those who say they are 'very dissatisfied' and those who say they are 'fairly dissatisfied'.

Prior to the winter 2015 wave of the survey, these aggregate figures were obtained by summing the proportions of people saying they are 'very satisfied' and 'fairly satisfied', rather than by summing the absolute numbers of people saying they are 'very satisfied' and 'fairly satisfied' and then dividing this figure by the total number of people who have answered the question. However, for this report, the methodology about how to calculate these aggregate figures has been reversed for all aggregate figures where the data is still available (it is not available for some of the very early waves of the survey). This means that these aggregate figures in the text of the report are sometimes 1 or 2 percentage points different to the figures that would be obtained by summing the proportions who are 'very satisfied' and 'fairly satisfied' shown in the charts, due to rounding. This also means that some historical data in this report will sometimes be 1 or 2 percentage points different to the same figures quoted in previous reports. Therefore, it is advisable to use the figures in this report or the data tables, rather than previous reports, when referencing historical data from this survey.

Some events that occurred during or just before the fieldwork period for the winter 2015 survey may have had an impact on some of the results. For example, there was a dispute between the government and junior doctors during the fieldwork. This may have led to an increase in the number of people mentioning poor pay for NHS staff as one of the biggest problems facing the NHS (from 4% in winter 2014 to 11% in winter 2015). In addition, the government published a joint Spending Review and Autumn Statement on 25<sup>th</sup> November 2015<sup>2</sup>. Analysis of the data shows that those who were interviewed on or after the 25<sup>th</sup> November (during which time there was a lot of media coverage about NHS funding) are more concerned about future funding of the NHS than those interviewed before that date (91% compared with 86%). Also, the proportion of people mentioning cancer as the biggest health problem facing people today has risen since winter 2014 (from 35% in winter 2014 to 41% in winter 2015) and this could be linked to an article published by the World Health Organisation's International Agency for

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<sup>2</sup> Spending review and autumn statement 2015, HM Treasury, 27 November 2015, <https://www.gov.uk/government/publications/spending-review-and-autumn-statement-2015-documents/spending-review-and-autumn-statement-2015>

Research on Cancer just before fieldwork about the consumption of processed meat being linked to increased cancer risk<sup>3</sup>.

It is worth bearing in mind that this survey deals with public perceptions at the time of the survey rather than facts; in particular, these perceptions may or may not accurately reflect levels and quality of service actually being delivered by the NHS.

Full data tables for the winter 2015 wave of the survey are available on the Ipsos MORI website.

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<sup>3</sup> Carcinogenicity of consumption of red and processed meat, Véronique Bouvard, Dana Loomis, Kathryn Z Guyton, Yann Grosse, Fatiha El Ghissassi, Lamia Benbrahim-Tallaa, Neela Guha, Heidi Mattock, Kurt Straif on behalf of the International Agency for Research on Cancer Monograph Working Group, published online on 26 October 2015, The Lancet Oncology, [http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(15\)00444-1/abstract#](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(15)00444-1/abstract#)

# Overall satisfaction with the NHS

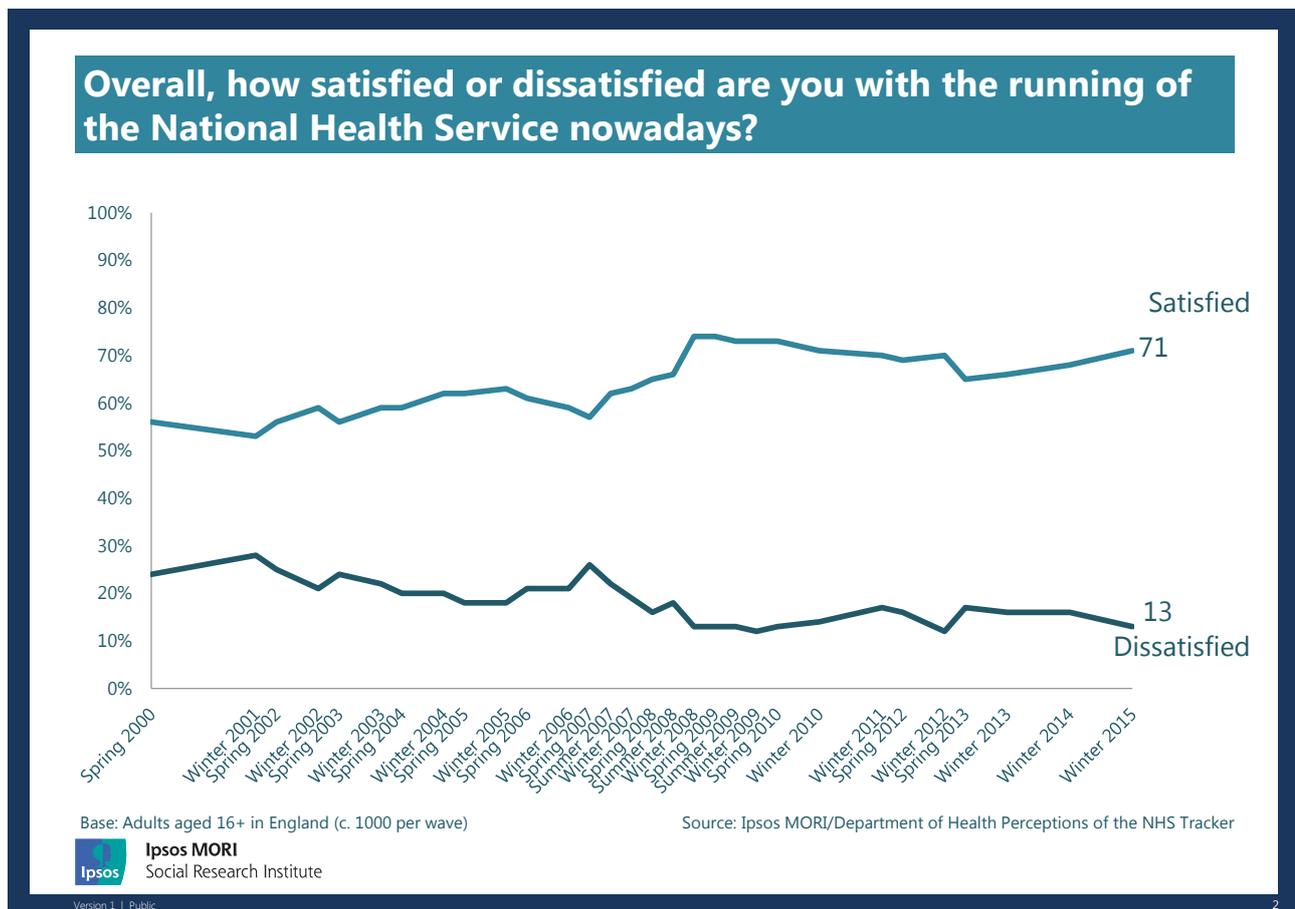
## 3. Overall satisfaction with the running of the NHS

This chapter discusses satisfaction with the running of the NHS overall, including among recent users of NHS services. It then examines perceptions of the service at both a national and local level, along with views of government policies for it. It concludes by reporting on public perceptions regarding the future of the NHS.

### 3.1 Overall satisfaction with the running of the NHS

Satisfaction with the running of the NHS remains high. The majority (71%) of the public are satisfied; this is in line with results seen in the last two waves of the survey (68% were satisfied in winter 2014 and 66% were in winter 2013).<sup>4</sup>

**Figure 3.1: Overall satisfaction with the running of the NHS**



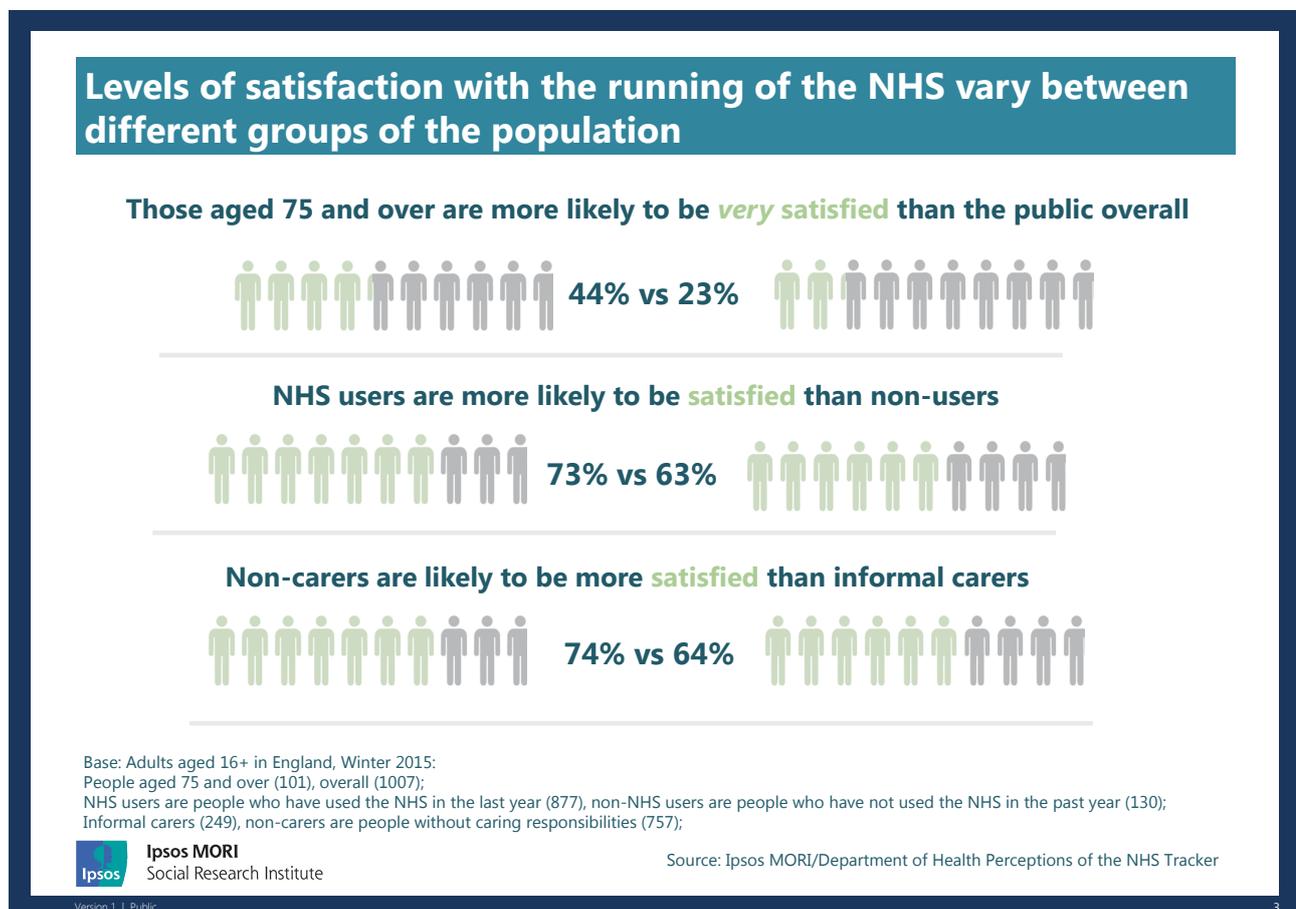
<sup>4</sup> When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. Only differences which are statistically significant are referred to as differences in this report. For more detail, please see appendix 12.3.

Looking at which groups of people are more likely to be satisfied with the NHS, there are some subtle differences by age. Older people (those aged 75 and over), while not significantly different from others in relation to overall satisfaction levels, are more likely to be *very* satisfied than the public in general (44% compared with 23% overall).

Satisfaction levels also vary based on whether or not people have recently used NHS services. Those who have used the NHS in the last year are more likely to be satisfied than those who have not (73% compared with 63%).

People without caring responsibilities are also more likely to be satisfied with the NHS than informal carers. Over seven in ten (74%) of those without caring responsibilities say they are satisfied compared with over six in ten (64%) of informal carers.

**Figure 3.2: How satisfaction with the running of the NHS varies among different groups of people**

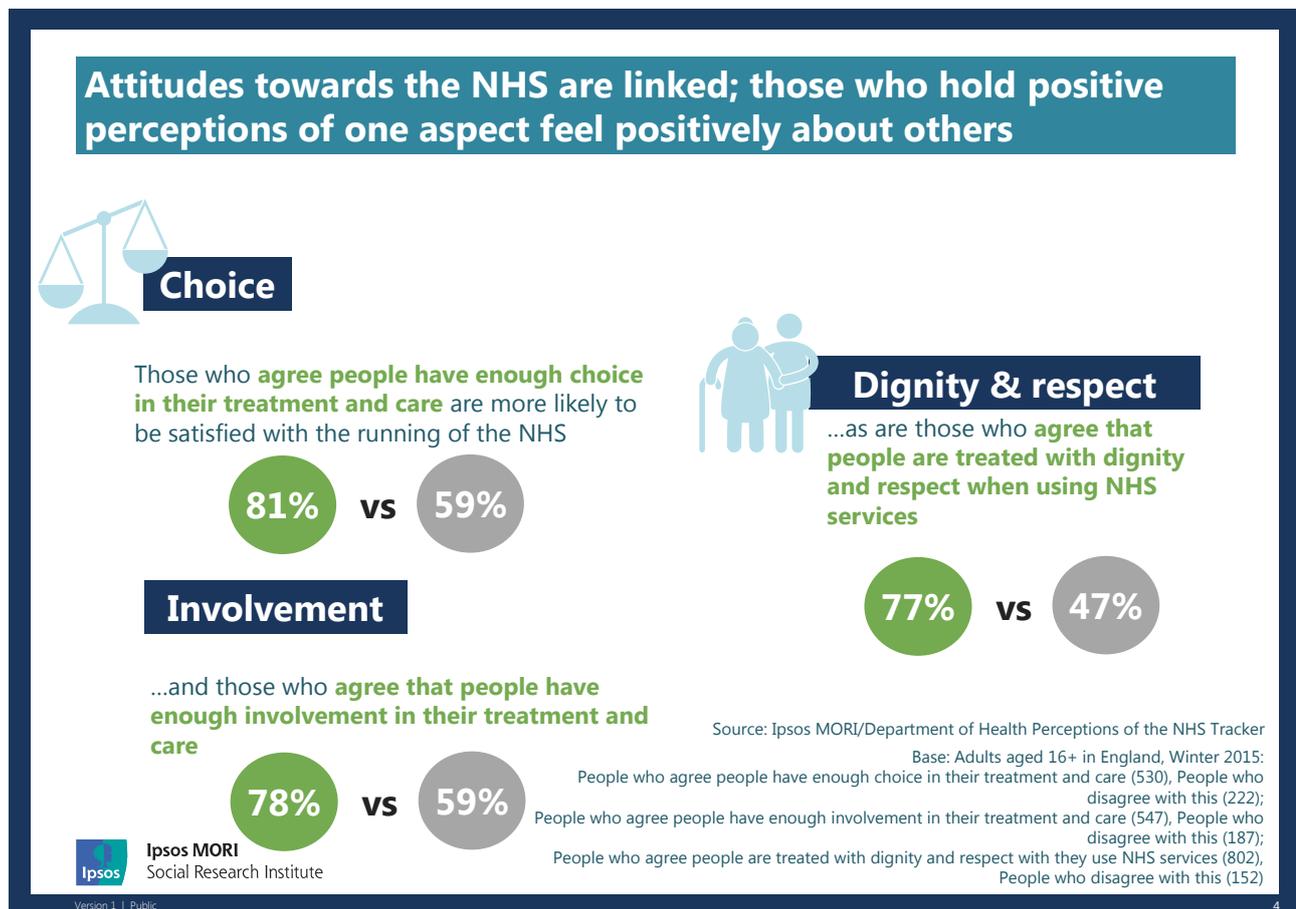


It is also clear that many attitudes towards the NHS are linked. People who hold positive perceptions of one aspect of the service also feel positively about others.

- Those who agree that people are treated with dignity and respect when they use NHS services are more likely than those who do not to be satisfied with the running of the NHS (77% compared with 47%).
- Those who agree that people have enough choice in their treatment and care are more likely than those who do not to be satisfied with the running of the NHS (81% compared with 59%).
- Those who agree that people have enough involvement in their treatment and care are more likely than those who do not to be satisfied with the running of the NHS (78% compared with 59%).

It is not possible to tell from the type of data analysis carried out whether one sentiment is driving the other, or whether certain individuals are simply more positive generally about the NHS.

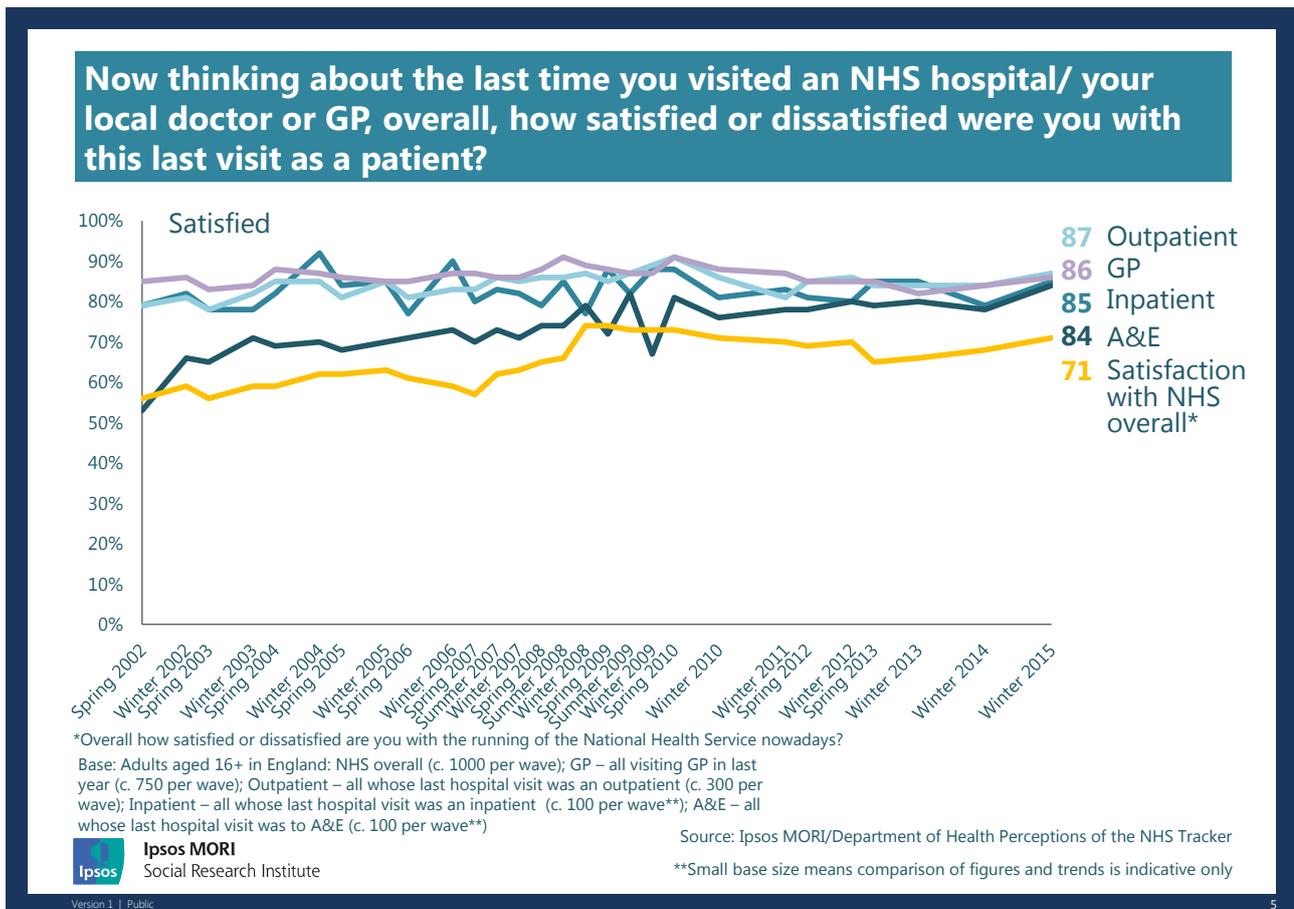
**Figure 3.3: How attitudes towards the NHS are linked**



### 3.2 Recent experience of the NHS

Looking at experiences of specific NHS services, satisfaction levels remain high. Almost nine in ten (86%) of all recent hospital users are satisfied with their last visit to an NHS hospital, and this figure has not changed since winter 2014 (when 84% were satisfied). Breaking this down, satisfaction among those who have recently used outpatient services, visited A&E, or been recent inpatients is also high (87%, 84% and 85% are satisfied respectively). Similarly, the majority (86%) of those who have visited their GP in the last year are satisfied with their most recent visit.

**Figure 3.4: Satisfaction with recent hospital and GP visits**



### 3.3 The NHS perception gap: perceptions of the NHS nationally and locally

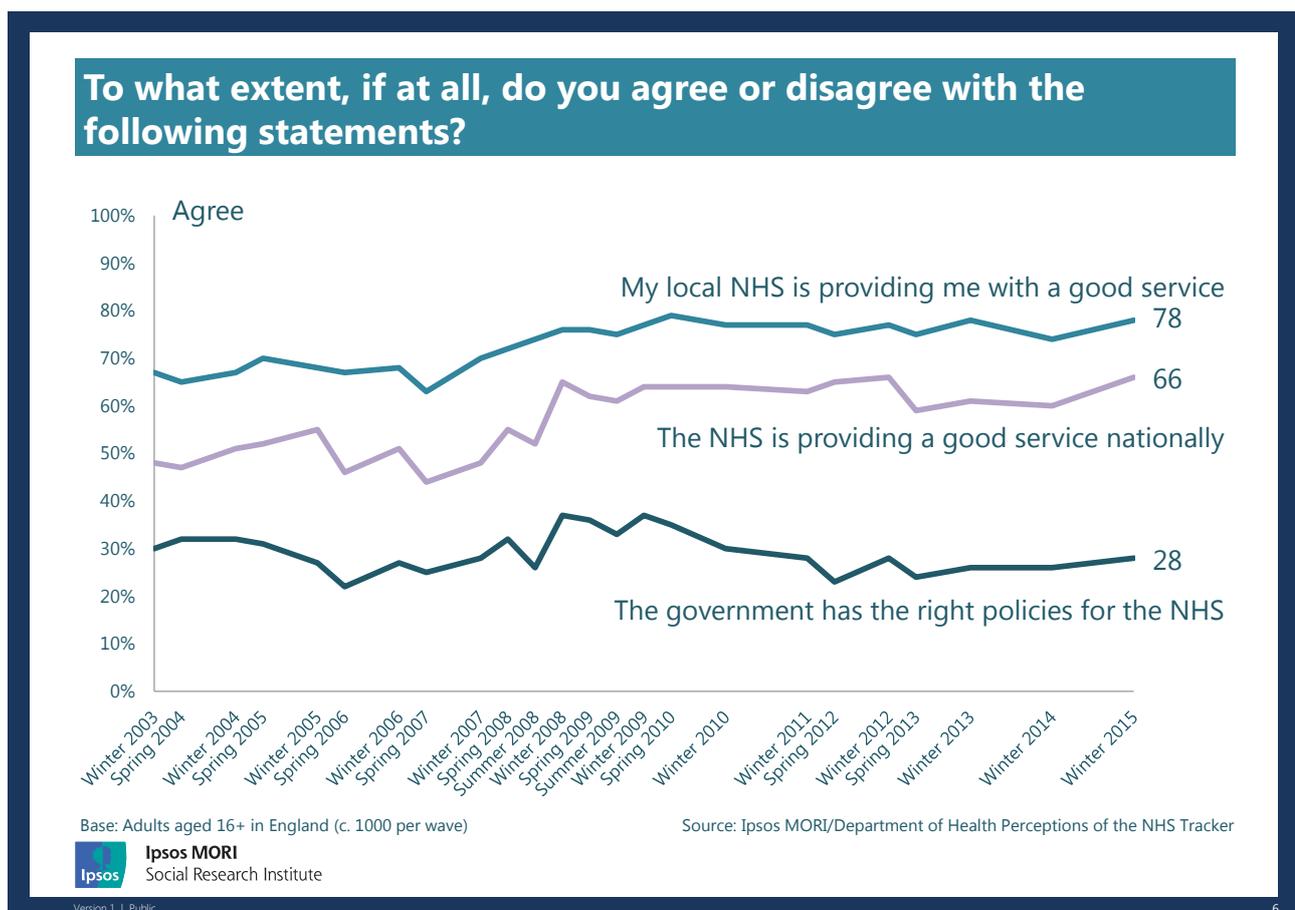
People continue to be more positive about local NHS services than the NHS nationally, and government policies for the NHS. Close to eight in ten (78%) agree that their local NHS provides them with a good service, compared with two thirds (66%) who agree that the NHS is providing a good service nationally, and just three in ten (28%) who agree the government has the right policies for the NHS.

The proportion agreeing that their local NHS provides them with a good service has risen since 2014 (from 74% to 78%). This is being driven by an increase in the proportion of those *strongly* agreeing, (from 27% in winter 2014 to 32% now) and a decrease in those who do not express an opinion either way (from 12% in winter 2014 to 9% now).

Agreement that the NHS is providing a good service nationally has also increased (from 60% in winter 2014 to 66% now) and is now as high as it has ever been. Again, this is being driven by an increase of those *strongly* agreeing (from 13% in winter 2014 to 17% now).

The proportion agreeing that the government has the right policies for the NHS has remained stable compared with winter 2014 (when 26% agreed).

**Figure 3.5: Perceptions of the NHS nationally and locally**



Younger people are more likely to be positive about NHS services and government policies for them than others.

- 73% of 16 to 24 year olds agree that the NHS is providing a good service nationally compared with 59% of 55 to 64 year olds, 62% of 65 to 74 year olds and 64% of those aged 75 and over.
- 39% of 16 to 24 year olds agree that the government has the right policies for the NHS compared with 28% overall.

Regarding perceptions of local NHS services, however, it is the oldest age group which tend to be the most positive. Those aged 75 and over are more likely to *strongly* agree that their local NHS is providing them with a good service than others (51% compared with 32% overall). This mirrors the pattern regarding satisfaction with the running of the NHS overall, where those aged 75 and over are most likely to say they are *very* satisfied with the NHS (as described in earlier in this chapter).

Those without caring responsibilities are more positive about the NHS, both locally and nationally, than informal carers.

- 80% of those without caring responsibilities agree their local NHS is providing them with a good service compared with 72% of informal carers.
- 68% of those without caring responsibilities agree the NHS is providing a good service nationally compared with 61% of informal carers.

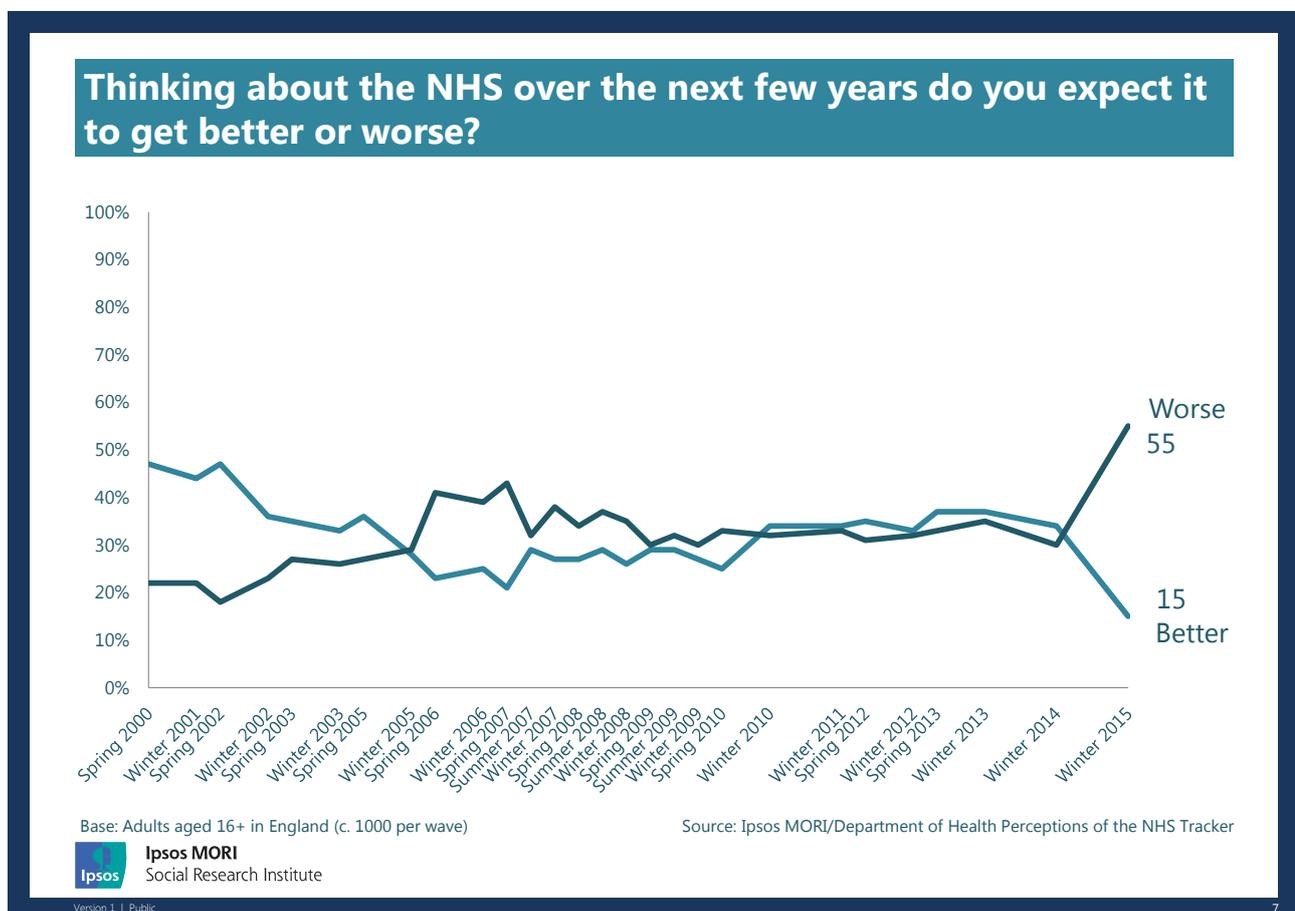
There are some differences in reactions to the questions between people of different social grades. Those in the social grades AB are more likely than those in social grades DE to disagree that the government has the right policies for the NHS. Around half (49%) of those in social grades AB disagree that the government has the right policies, compared with four in ten (37%) of those in social grades DE. However, those in social grades AB tend to be more positive about services at a local level; 86% agree that their local NHS is providing them with a good service, compared with 78% overall.

People who have a long standing illness, disability or infirmity are more likely than others to disagree that the NHS is providing a good service nationally; 21% compared with 15% overall.

### 3.4 Expectations for the future of the NHS

While levels of satisfaction with the NHS remain stable compared with winter 2014, expectations about the future of the service have deteriorated. The public are now more pessimistic about the future of the NHS than at any point since the survey started. Over half (55%) of people now expect the NHS to get worse over the next few years compared with three in ten in winter 2014 (30%). Around one in seven (15%) expect it to get better, a steep drop since the winter 2014 survey (from 34%) and the peak of public optimism in spring 2000 (when 47% thought it would get better). These results are in line with other Ipsos MORI research from August 2015 which showed that 19% of the general public aged 18 and over expected the quality of the NHS to get better over the next few years, while 55% expected it to get worse.<sup>5</sup>

**Figure 3.6: Expectations for the future of the NHS**



Those who are more likely to be positive about the future of the NHS include:

- younger people (27% of those aged 16 to 24 think that the NHS will get better over the next few years compared to 15% overall);

<sup>5</sup> Ipsos MORI Public Services and Austerity Survey, published online on 28 October 2015, <https://www.ipsos-mori.com/researchpublications/researcharchive/3644/Coming-to-terms-with-austerity.aspx>

- those in social grades DE compared with those in grades AB and C1 (20% compared with 11% and 11% respectively); and
- those who are satisfied with the NHS (17% of those who are satisfied with the NHS think it will get better over the next few years compared with 6% of those who are dissatisfied).

# Key perceptions of the NHS

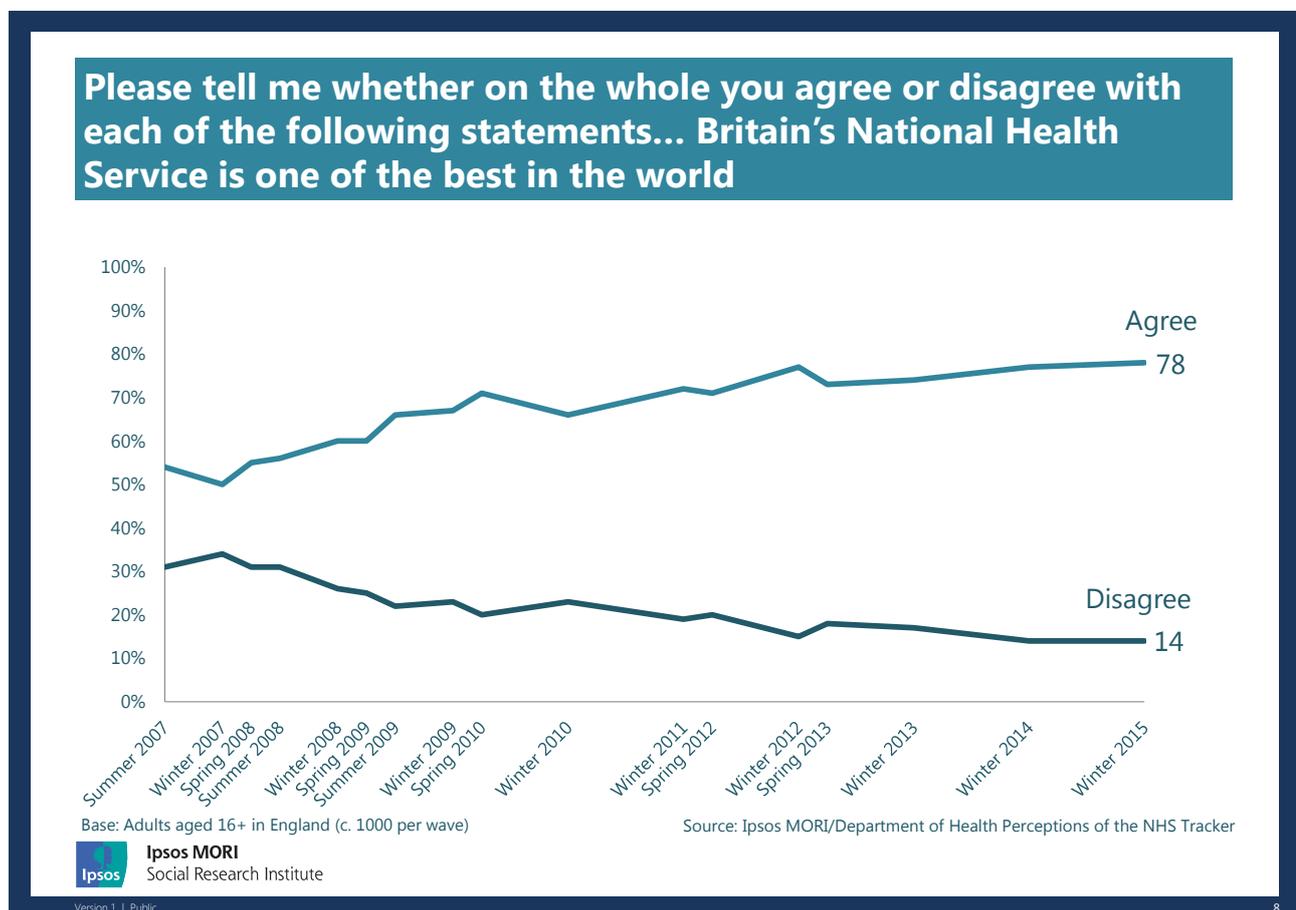
## 4. Key perceptions of the NHS

This chapter examines perceptions of a number of key aspects of the NHS, first looking at pride in the NHS. It then considers perceptions of dignity and respect, compassion, safety, and waiting times. It also includes data about new topics included in this wave: 'seven day services' and mental health services.

### 4.1 Pride in the NHS

Pride in the NHS remains high, with 78% agreeing that Britain's National Health Service is one of the best in the world. This is in line with the winter 2014 result (77%), and the proportion agreeing with this statement has been rising fairly steadily since the question was first asked in summer 2007.

**Figure 4.1: Agreement with the statement: 'Britain's National Health Service is one of the best in the world'**



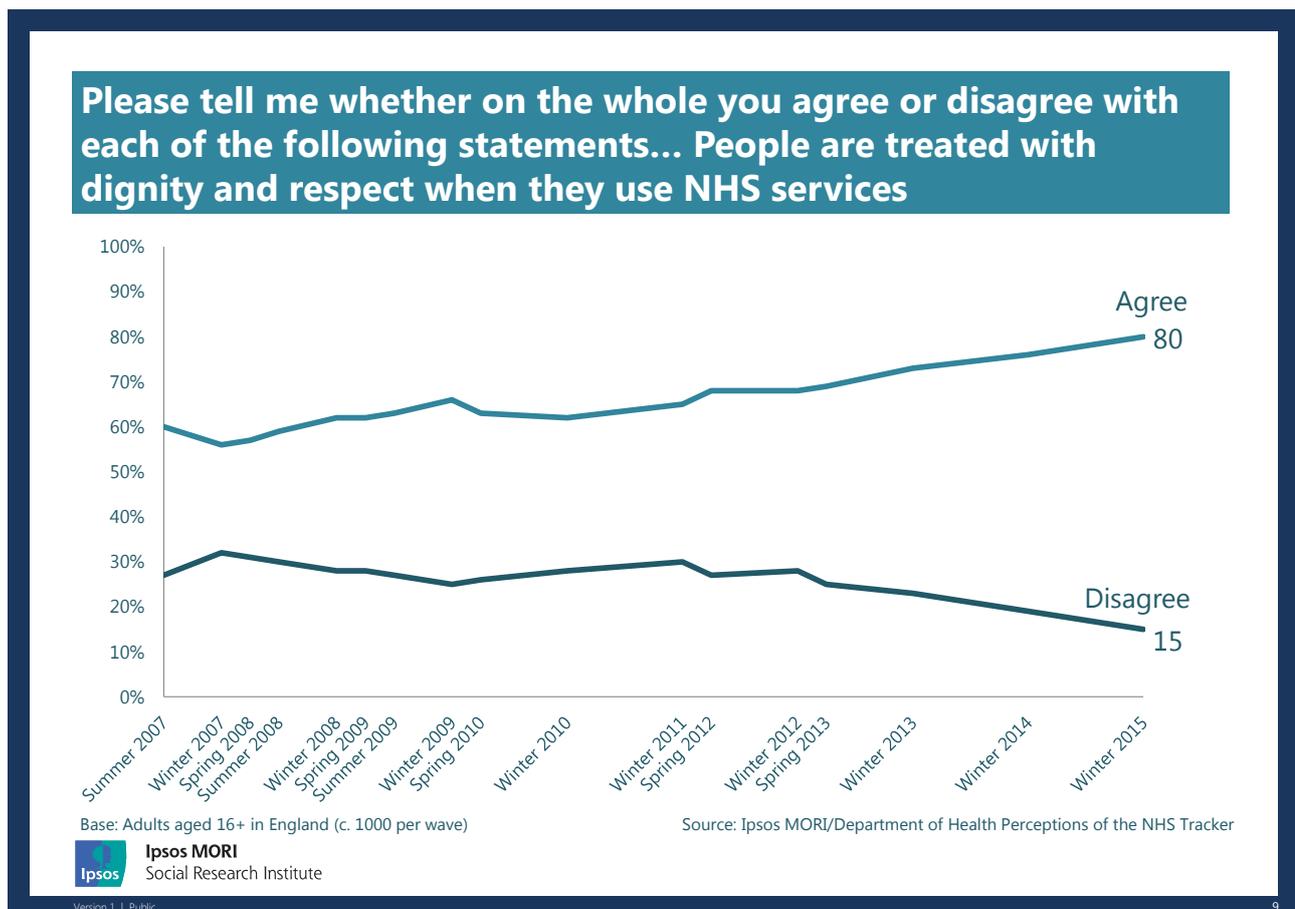
Pride in the NHS differs by social grade. Those in social grades AB, C1 and C2 are more likely than those in social grades DE to agree that the NHS is one of the best in the world (86%, 79% and 80% respectively compared with 70%).

## 4.2 Perceptions of dignity and respect, and compassion

### Dignity and respect

Belief that people are treated with dignity and respect in the NHS continues to grow. Eight in ten (80%) agree that people are treated with dignity and respect when they use NHS services. This is the highest level of agreement seen for this question, and an increase of four percentage points since winter 2014 (when 76% agreed).

**Figure 4.2: Agreement with the statement: 'People are treated with dignity and respect when they use NHS services'**

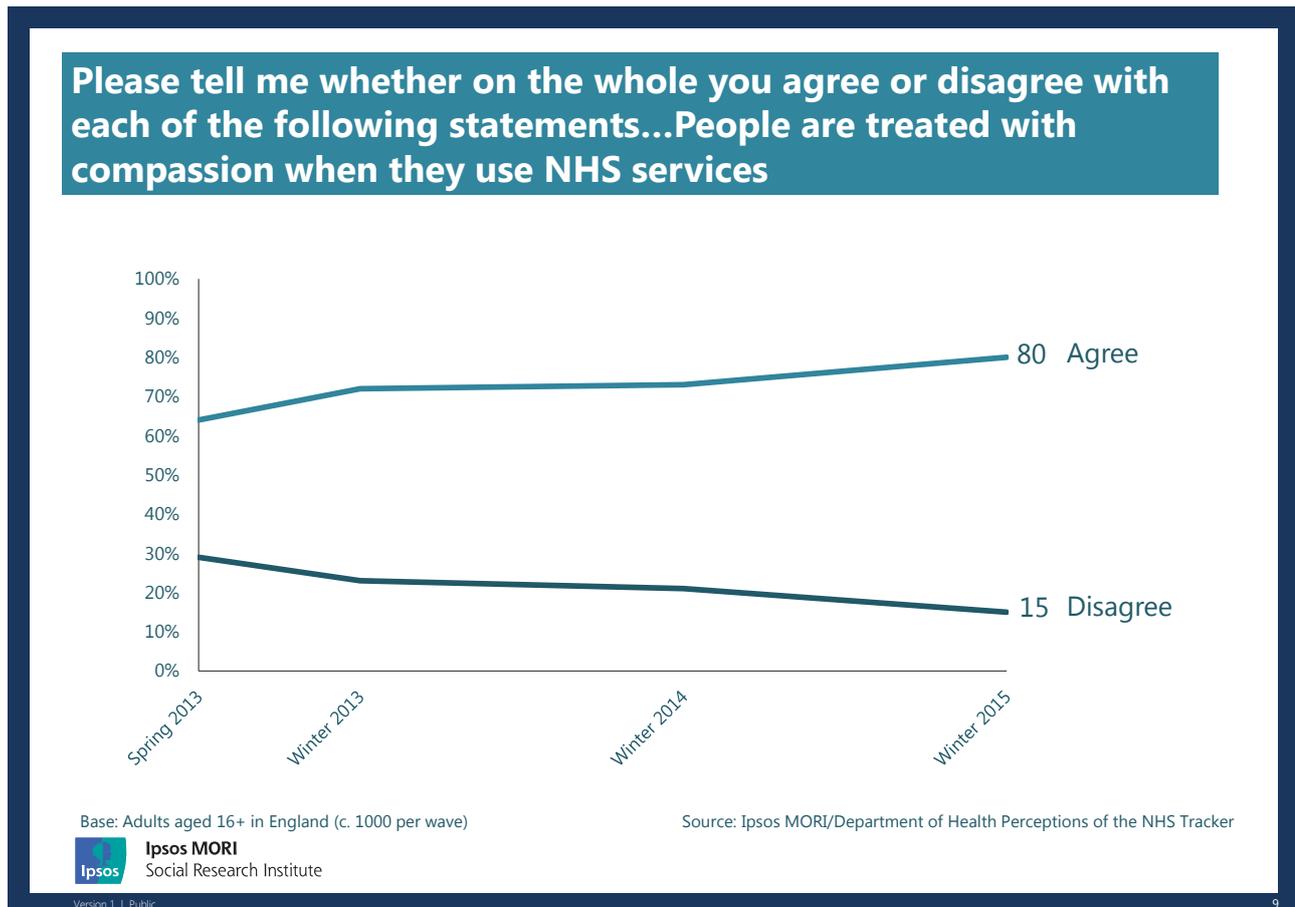


Some variation in views about whether people are treated with dignity and respect by the NHS exists between different age groups. Those aged 25 to 34 are more likely to agree that people are treated with dignity and respect when they use NHS services (87% compared with 80% overall), and those aged 55 to 64 are more likely to disagree that they are (21% compared with 15% overall).

## Compassion

Perceptions of compassion within the NHS remain very similar to those relating to dignity and respect. Eight in ten (80%) agree people are treated with compassion when they use NHS services, while around one in seven (15%) disagree. There has been an improvement in perceptions since winter 2014, when around seven in ten (73%) agreed with the statement and two in ten (21%) disagreed, and since the question was first asked in spring 2013.

**Figure 4.3: Agreement with the statement: 'People are treated with compassion when they use NHS services'**



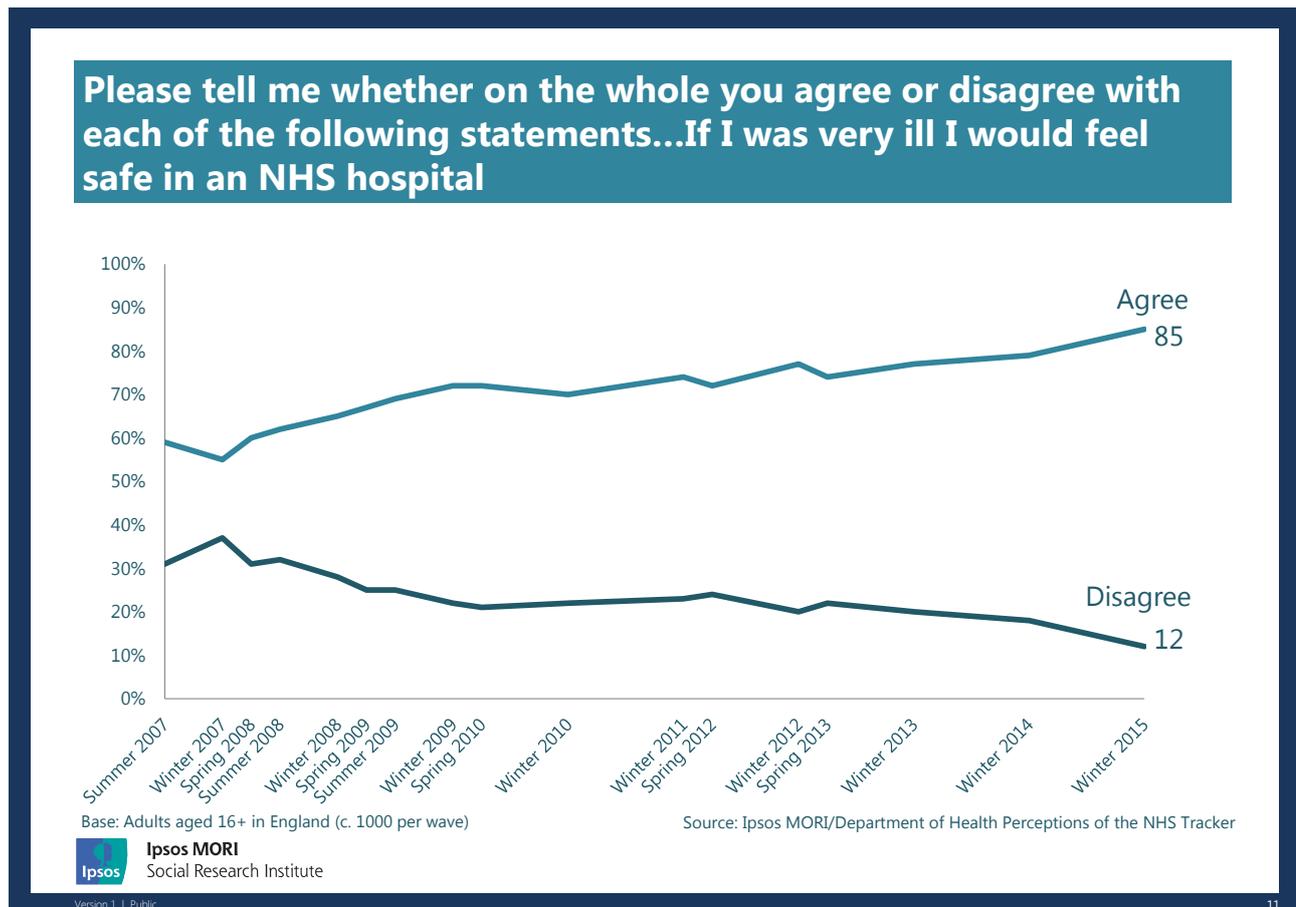
Two groups which are more likely to disagree people are treated with compassion when using NHS services are:

- women (17% disagree that people are treated with compassion when they use NHS services compared with 12% of men); and
- informal carers (20% disagree that people are treated with compassion when they use NHS services compared with 13% of those without caring responsibilities).

### 4.3 Perceptions of safety

More people than ever before (85%) agree that they would feel safe in an NHS hospital if they were very ill. There has been a six percentage point rise in agreement with this statement since winter 2014 (when 79% agreed), continuing a fairly steady rise since summer 2007 (when 59% agreed). Just over one in ten (12%) disagree, lower than in winter 2014 when close to two in ten (18%) disagreed.

**Figure 4.4: Agreement with the statement: 'If I was very ill I would feel safe in an NHS hospital'**

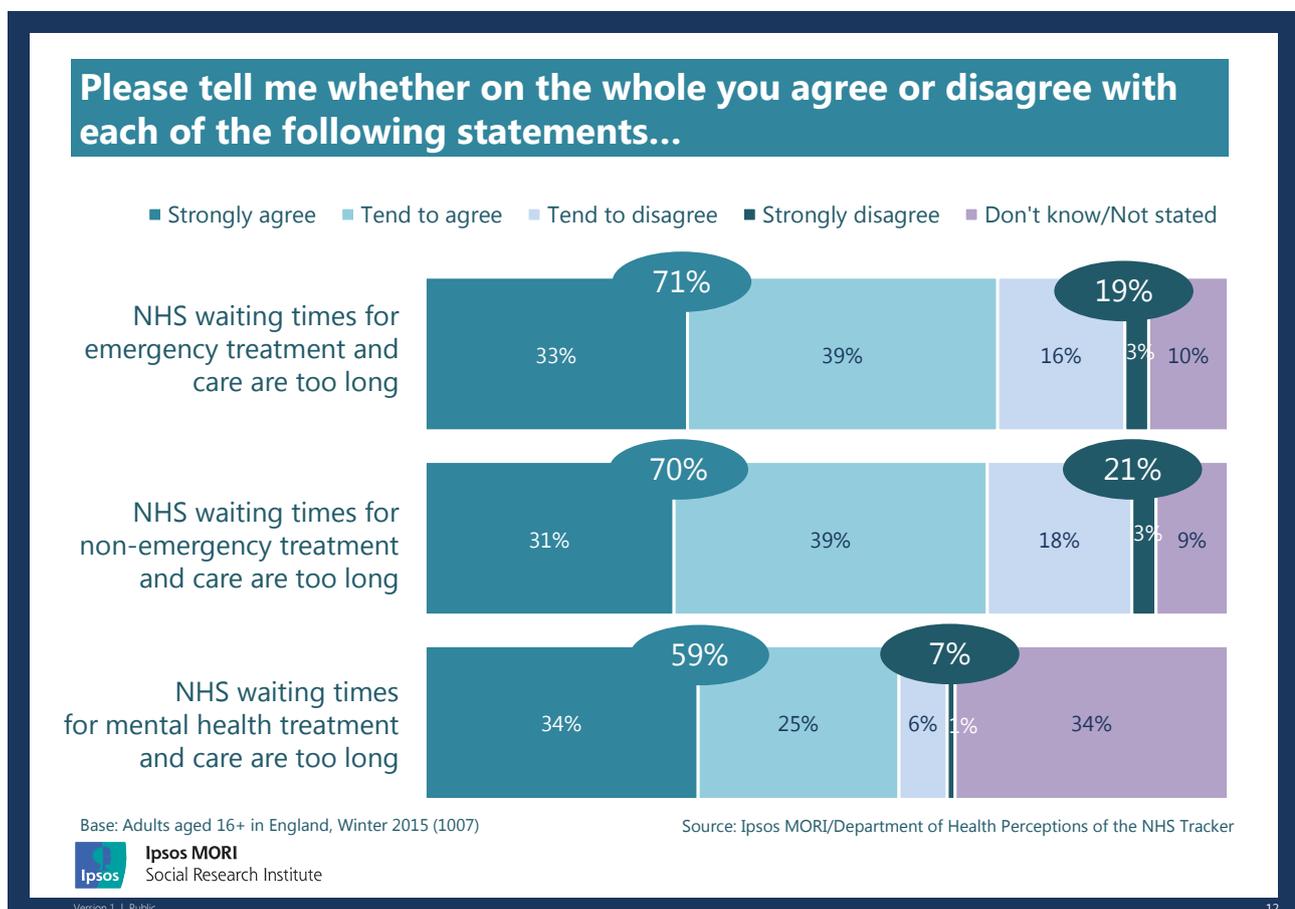


Those that have used the NHS in the last year are more likely than those who have not to agree that they would feel safe (86% compared with 79%).

#### 4.4 Perceptions of waiting times<sup>6</sup>

Perceptions of waiting times are less positive than views of other key aspects of the NHS. Around seven in ten agree with the statements 'NHS waiting times for emergency treatment and care are too long' (71%) and 'NHS waiting times for non-emergency treatment and care are too long' (70%). The proportion who agree with a statement that NHS waiting times for mental health treatment and care are too long is lower, at 59%. However, the proportion giving the answer 'don't know' in response to this question is higher than for the questions about waiting times for emergency treatment and care and non-emergency treatment and care (34% compared with 10% and 9% respectively).

**Figure 4.5: Perceptions of NHS waiting times for emergency treatment and care, non-emergency treatment and care and mental health treatment and care**



Those with recent experience of NHS services are more likely to agree with a statement that waiting times for non-emergency treatment and care are too long than those without (71% compared with 62%). Those without recent experience of services are more likely to say they don't know about this though (16% compared with 8% of those with recent experience of services).

<sup>6</sup> The questions reported on in the section '4.4 Perceptions of waiting times' were asked for the first time in the winter 2015 wave of the survey.

There is some variation in responses about mental health waiting times; this is partly due to differing proportions saying they don't know.

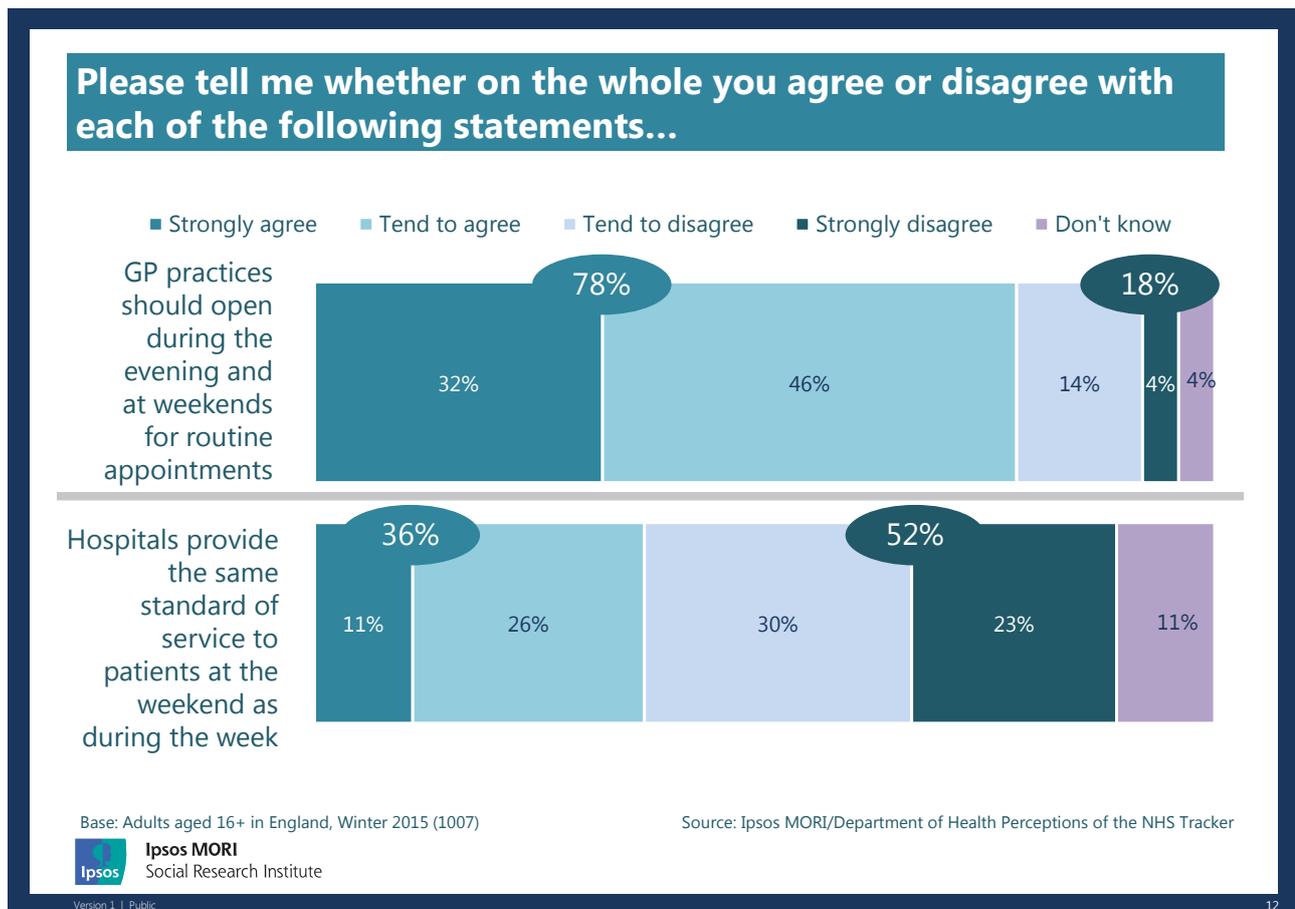
- Women are more likely than men to agree with the statement 'NHS waiting times for mental health treatment and care are too long' (64% compared with 54%) and are less likely to say that they 'don't know' (28% compared with 40%).
- Informal carers are also more likely to agree with the statement than those without caring responsibilities (68% compared with 56%) and less likely to say they 'don't know' (27% compared with 37%).
- Older people are more likely to say that they 'don't know' (with 41% of those aged 65 to 74 and 43% of those aged 75 and over giving this answer, compared with 29% of those aged 25 to 34 and 30% of those aged 35 to 54).

## 4.5 'Seven Day Services'<sup>7</sup>

Perceptions of whether hospitals provide the same standard of service to patients at the weekend as during the week are somewhat mixed, with over a third (36%) agreeing that they do and half (52%) saying that they do not. Just over one in ten (11%) say that they don't know.

There is strong support for GP practices to open during the evening and at weekends for routine appointments, with eight in ten (78%) agreeing that they should, compared with two in ten (18%) who do not.

**Figure 4.6: Levels of support for 'Seven Day Services'**



The following groups of people are more likely to disagree that hospitals provide the same standard of service to patients at the weekend as during the week:

- middle aged and older people (53% of 35 to 54 year olds, 67% of 55 to 64 year olds, 63% of 65 to 74 year olds, and 53% of those aged 75 and over disagree that they do compared with 35% of those aged 16 to 24);
- people in social grades AB, compared with those in social grades and DE (62% disagree compared with 40%); and

<sup>7</sup> The questions reported on in the section '4.5 Seven Day Services' were asked for the first time in the winter 2015 wave of the survey.

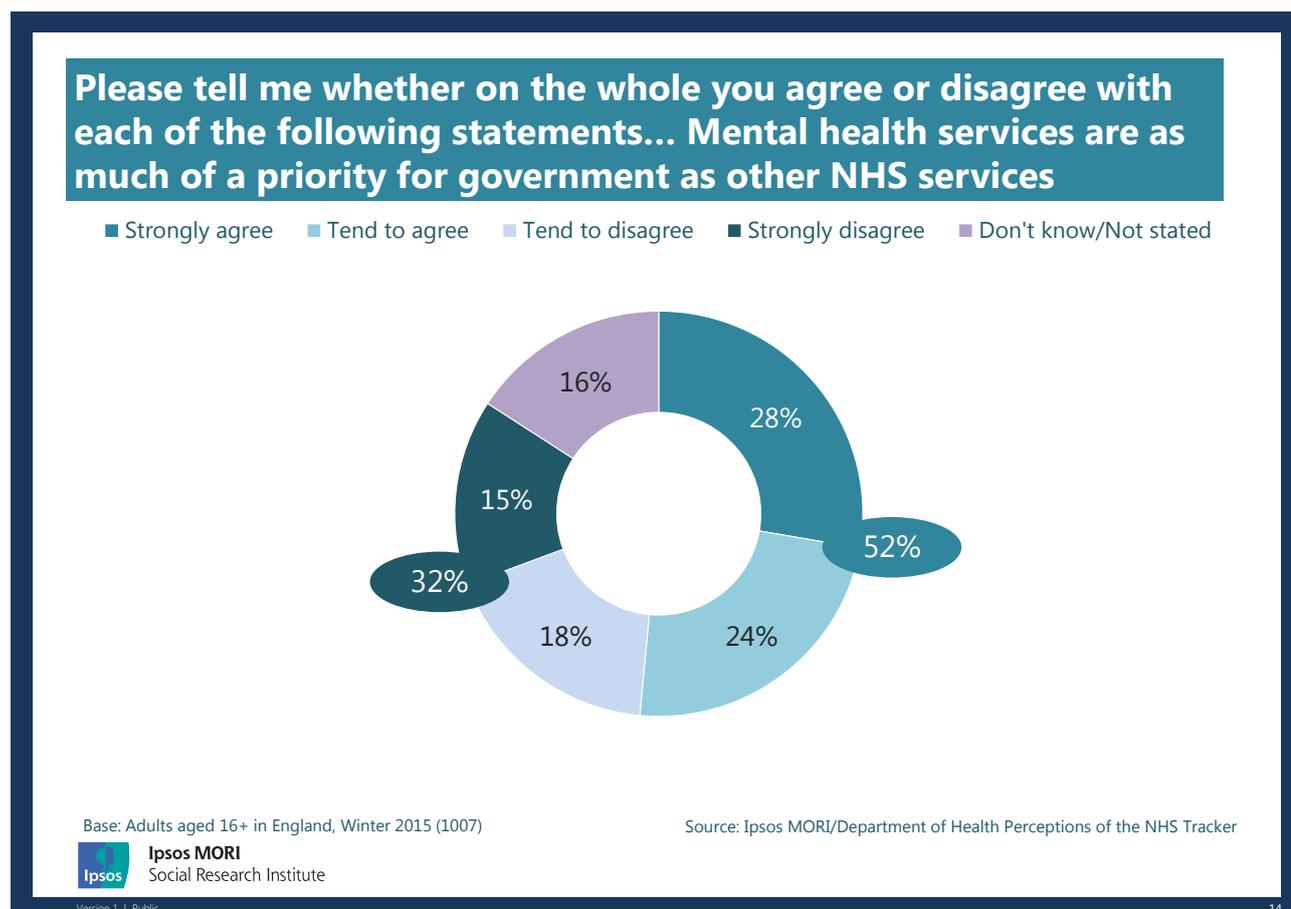
- informal carers (62% disagree compared with 49% of those without caring responsibilities).

Older people are also more likely to disagree that GP practices should open during the evening and at weekends for routine appointments. Around a quarter (24%) of those aged 65 to 74 and a similar proportion (26%) of those aged 75 and over disagree they should, compared with just over one in ten (14%) 16 to 24 year olds).

## 4.6 Mental health<sup>8</sup>

Public opinion is divided on whether mental health services are as much of a priority for government as other NHS services, with 52% agreeing with a statement asserting that they are and 32% disagreeing with this. A relatively high proportion (16%) of people say that they 'don't know' about this.

**Figure 4.7: Agreement with the statement: 'Mental health services are as much of a priority for government as other NHS services'**



People who are positive about aspects of the NHS are more likely to agree with a statement that mental health services are as much of a priority for government as other NHS services.

- Those who are satisfied with the running of the NHS are more likely to agree with the statement than those who are dissatisfied (54% compared with 45%).
- Those who think the government has the right policies for the NHS are more likely to agree than those who disagree it does (59% compared with 48%).
- Those that think the NHS will get better in future are more likely to agree than those who think it will stay the same and those who think it will get worse to agree (61%, 50% and 51% respectively).

<sup>8</sup> The question reported on in section '4.6 Mental health' was asked for the first time in the winter 2015 wave of the survey.

# **Patient involvement in treatment and care**

## 5. Patient involvement in treatment and care

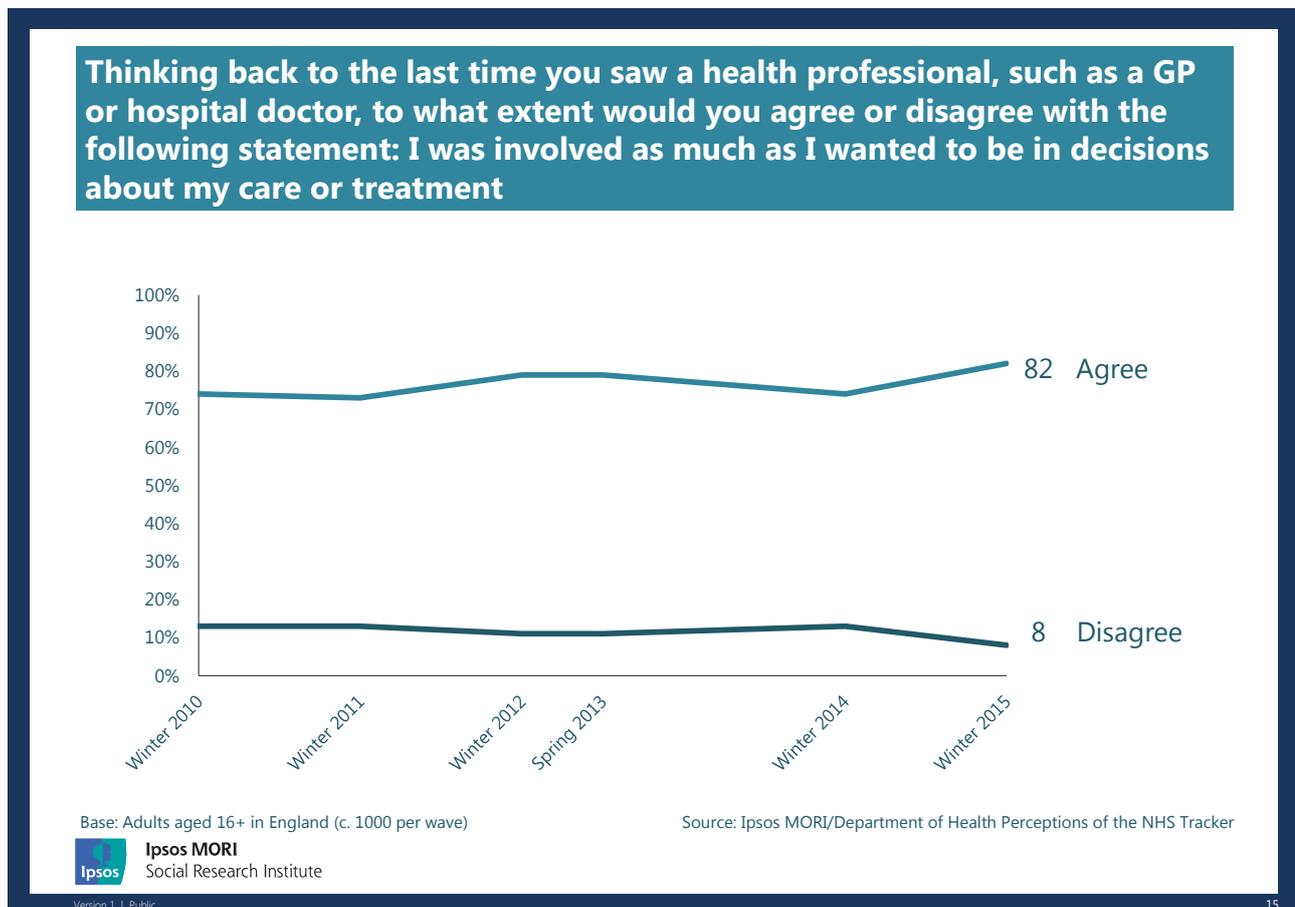
This chapter examines the extent to which people feel they have exercised choice and involvement in the treatment and care they receive from the NHS. It also looks at perceptions of choice and involvement on a more general level, as well as awareness of aspects of choice. It concludes by exploring the extent to which people have looked for information about how a local healthcare service is performing.

### 5.1 Personal experience of choice and involvement

Personal involvement in decisions about treatment and care

People are positive about their own involvement in their treatment and care. When asked to think back to the last time they saw a health professional, eight in ten (82%) agree with the statement 'I was involved as much as I wanted to be in decisions about my care or treatment'. The proportion agreeing has risen since winter 2014 (from 74%).

**Figure 5.1: Agreement with the statement: 'I was involved as much as I wanted to be in decisions about my care or treatment'**



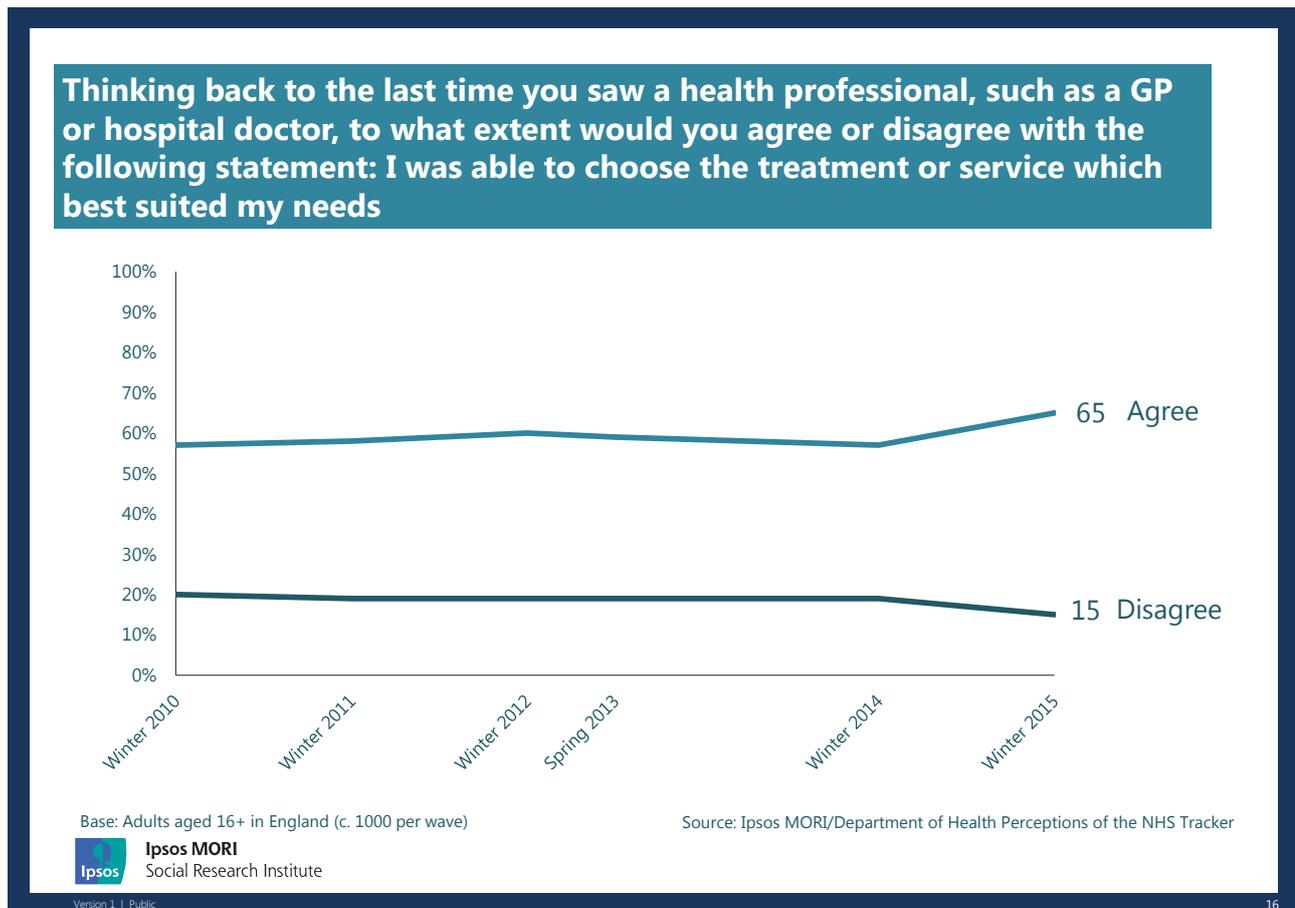
Older people are more likely to feel that they were involved in decisions about their care and treatment than younger people (90% of those aged 65 to 74 say this compared with 78% of those aged 16 to 24).

Those in social grades AB and C1 are also more likely to agree they were involved, compared with those in other social grades (91% of those in AB and 84% of those in grade C1 say they were involved, compared with 77% of those in C2 and 76% of those in DE).

## Personal experience of choice

As with involvement, people are also positive about the level of choice they have been able to exercise in their treatment and care. Two thirds (65%) of people say they were able to choose the treatment or service which best suited their needs the last time they saw a GP or hospital doctor, compared with around one in seven (15%) who disagree. The proportion of people who say that they were able to choose has increased since winter 2014 (from 57%).

**Figure 5.2: Agreement with the statement: 'I was able to choose the treatment or service which best suited my needs'**



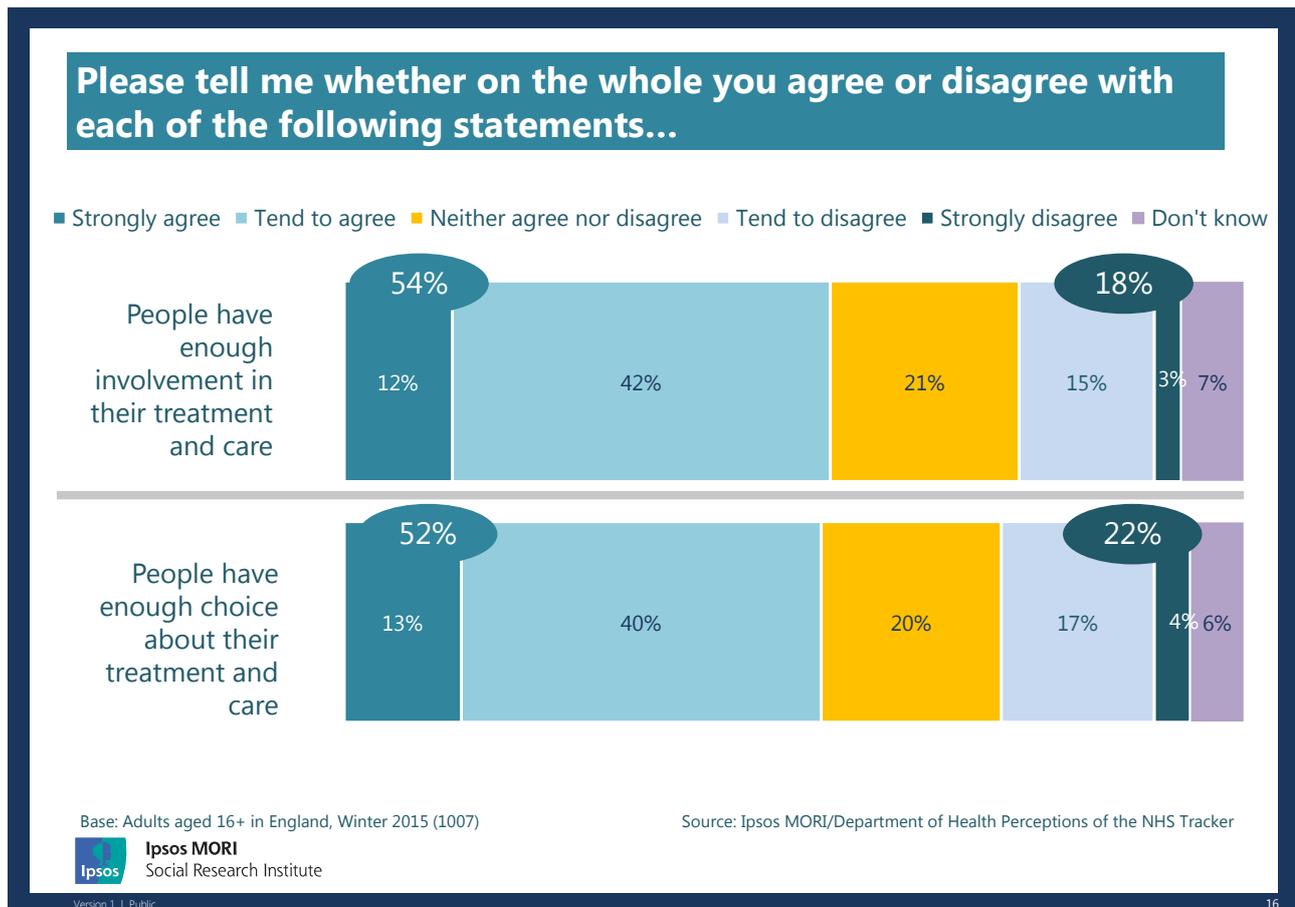
Those in social grades AB and C1 are also more likely to agree that they were able to choose the treatment or service that best suits their needs, compared with those in social grade C2 (71% and 67% respectively compared with 58%).

People who have a long-standing illness, disability or infirmity or who live with someone who does are more likely than those who do not to disagree that that they were able to choose the treatment or service that best suits their needs (21% compared with 13%).

## 5.2 Perceptions of general experience of choice and involvement<sup>9</sup>

The public are less positive about the levels of choice and involvement they think people in general have in their treatment and care than they are about their own personal levels of choice and involvement. Just over half of the public agree that 'people have enough involvement in their treatment and care' and a similar proportion agree that 'people have enough choice about their treatment and care' (54% and 52% respectively).

**Figure 5.3: Agreement with the statements: 'People have enough involvement in their treatment and care' and 'People have enough choice about their treatment and care'**



There is a strong link between attitudes towards choice and involvement in regards to treatment and care.

- 83% of those who agree people have enough choice in their treatment and care agree they have enough involvement in their treatment and care (compared with 13% of those who do not think people have enough choice).
- 80% of those who agree people have enough involvement in their treatment and care agree they have enough choice in their treatment and care (compared with 11% of those who do not think people have enough involvement).

<sup>9</sup> The question reported on in the section '5.2 Perceptions of general experience of choice and involvement' was asked for the first time in the winter 2015 wave of the survey.

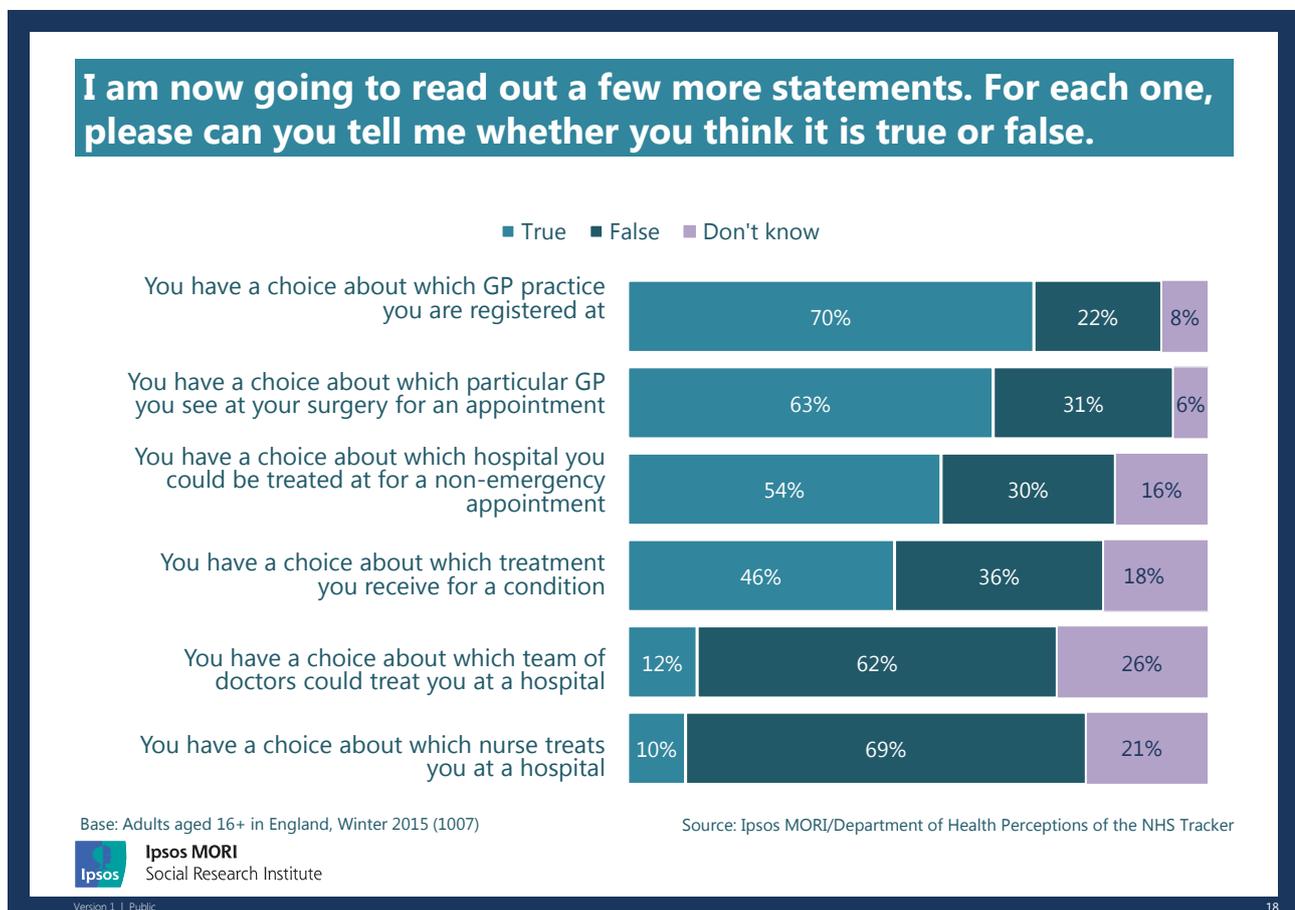
People who have a long-standing illness, disability or infirmity or who live with someone who does are more likely than those who do not to disagree that people have enough choice in their treatment and care (27% compared with 20%). This group are also less likely to have say they have experienced choice (as described earlier in this chapter).

### 5.3 Awareness of choice<sup>10</sup>

Levels of awareness of specific aspects of choice vary. The majority of the public are aware that people have a choice about which GP practice they are registered at, which particular GP they see at their appointment and, to a lesser extent, which hospital they could be treated at for a non-emergency appointment (70%, 63% and 54% respectively). Just under half are aware that people have a choice about which treatment they receive for a condition (46%).

However, only 12% correctly say that people have a choice about which team of doctors could treat them at hospital<sup>11</sup>, while a similar proportion (incorrectly) think the same is true in relation to the nurse that treats them (10%)<sup>12</sup>.

**Figure 5.4: Awareness of choice in the NHS**



<sup>10</sup> The question reported on in the section '5.3 Awareness of choice' was asked for the first time in the winter 2015 wave of the survey.

<sup>11</sup> People actually have a choice about which 'consultant led team of doctors' treats them at a hospital, rather than which 'team of doctors' treats them at a hospital. The concept of a 'consultant led team' would be too difficult to introduce to participants in a quantitative survey without a lengthy introduction though, and so the phrase 'team of doctors' was used in the question wording.

<sup>12</sup> Choosing which nurse treats you at a hospital is not part of the NHS Choice Framework.

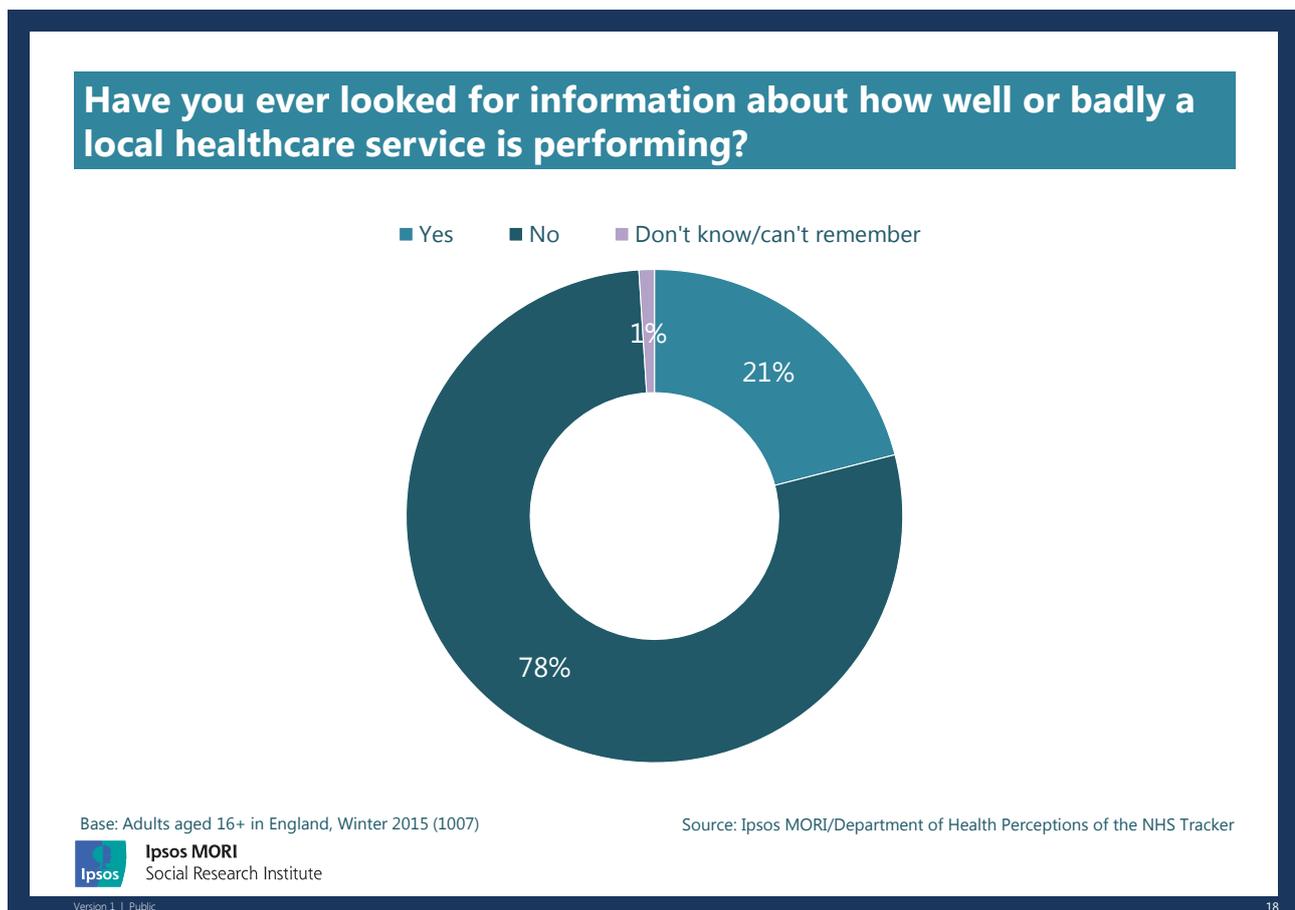
Older people are more likely to say choices are available than younger people. For example, 75% of those aged 65 to 74 and 73% of those aged 75 and over say that people have a choice about which GP they see, compared with 63% overall.

People who have used a hospital in the last year are more likely to say that people can choose which hospital they could be treated at for non-emergency care (57% compared with 50% of those that have not). Informal carers are also more likely to say that this choice is available than those without caring responsibilities (60% compared with 52%).

## 5.4 Accessing information about local healthcare service performance<sup>13</sup>

Overall, two in ten (21%) people have looked for information about how well or badly a local healthcare service is performing. Eight in ten people (78%) have not.

**Figure 5.5: Proportion of the public who have looked for information about how well or badly a local healthcare service is performing**



Among the groups which are less likely to have looked for this information are:

- older people (90% of those aged 75 and over say they have not compared 78% overall); and
- those in social grades C2 and DE compared with those in grades AB (86% and 81% respectively compared with 69%).

<sup>13</sup> The question reported on in section '5.4 Accessing information about local healthcare performance' was asked for the first time in the winter 2015 wave of the survey.

# Feedback and complaints

## 6. Feedback and complaints

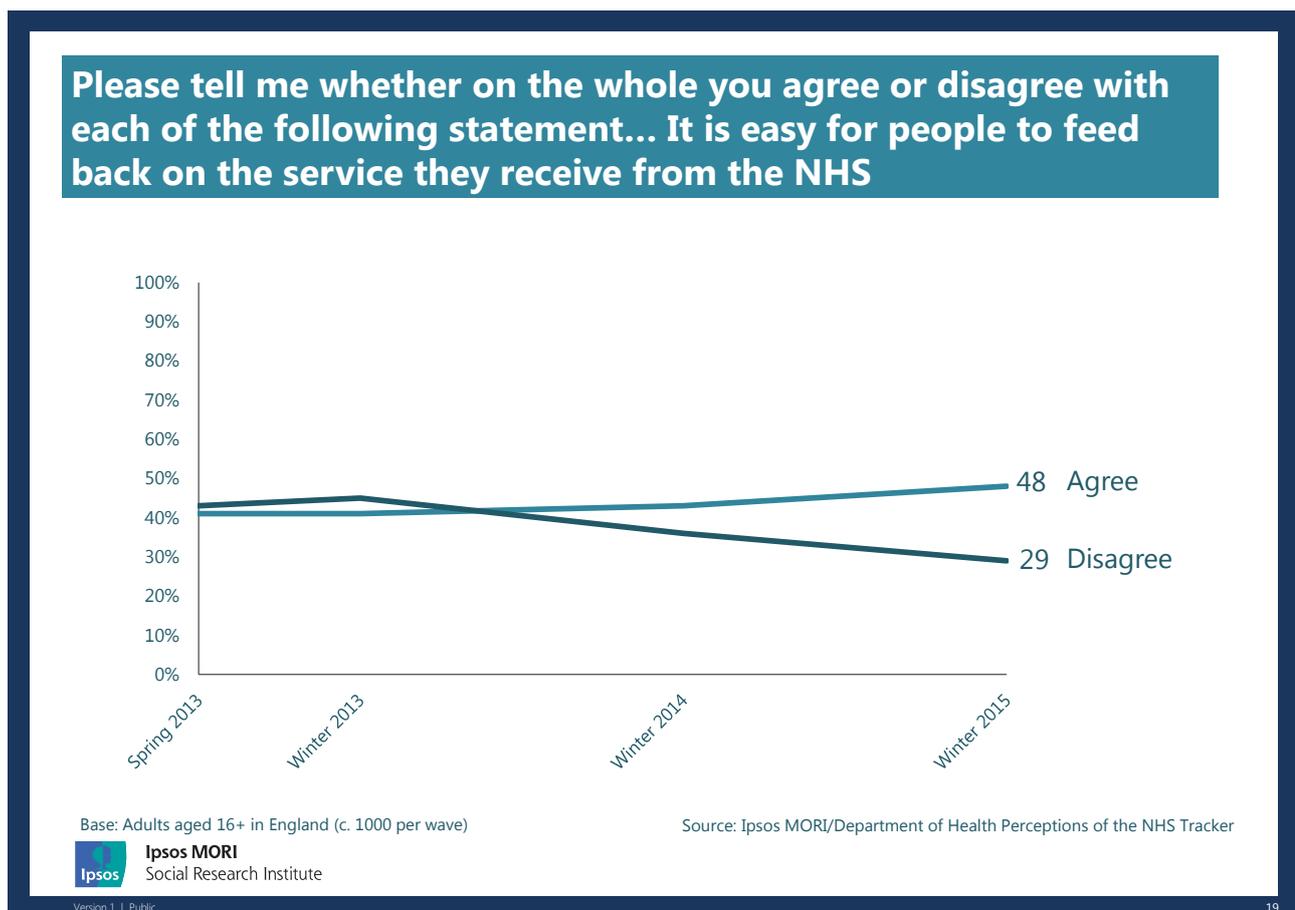
This chapter considers whether the public find it easy to feed back on the service they receive from the NHS and the extent to which the NHS appears to act upon the feedback it receives. It also explores whether people would feel comfortable about making a complaint about NHS services.

### 6.1 Attitudes towards feeding back on services

#### Ease of feeding back

The proportion of people who agree that it is easy for people to feed back on the service they receive from the NHS is at the highest level recorded since the question was first asked, increasing from 43% in winter 2014 to 48% in winter 2015. This has been accompanied by a drop in the proportion of people who disagree it is easy to feed back (from 36% in winter 2014 to 29% in winter 2015).

**Figure 6.1: Agreement with the statement: 'It is easy for people to feed back on the service they receive from the NHS'**

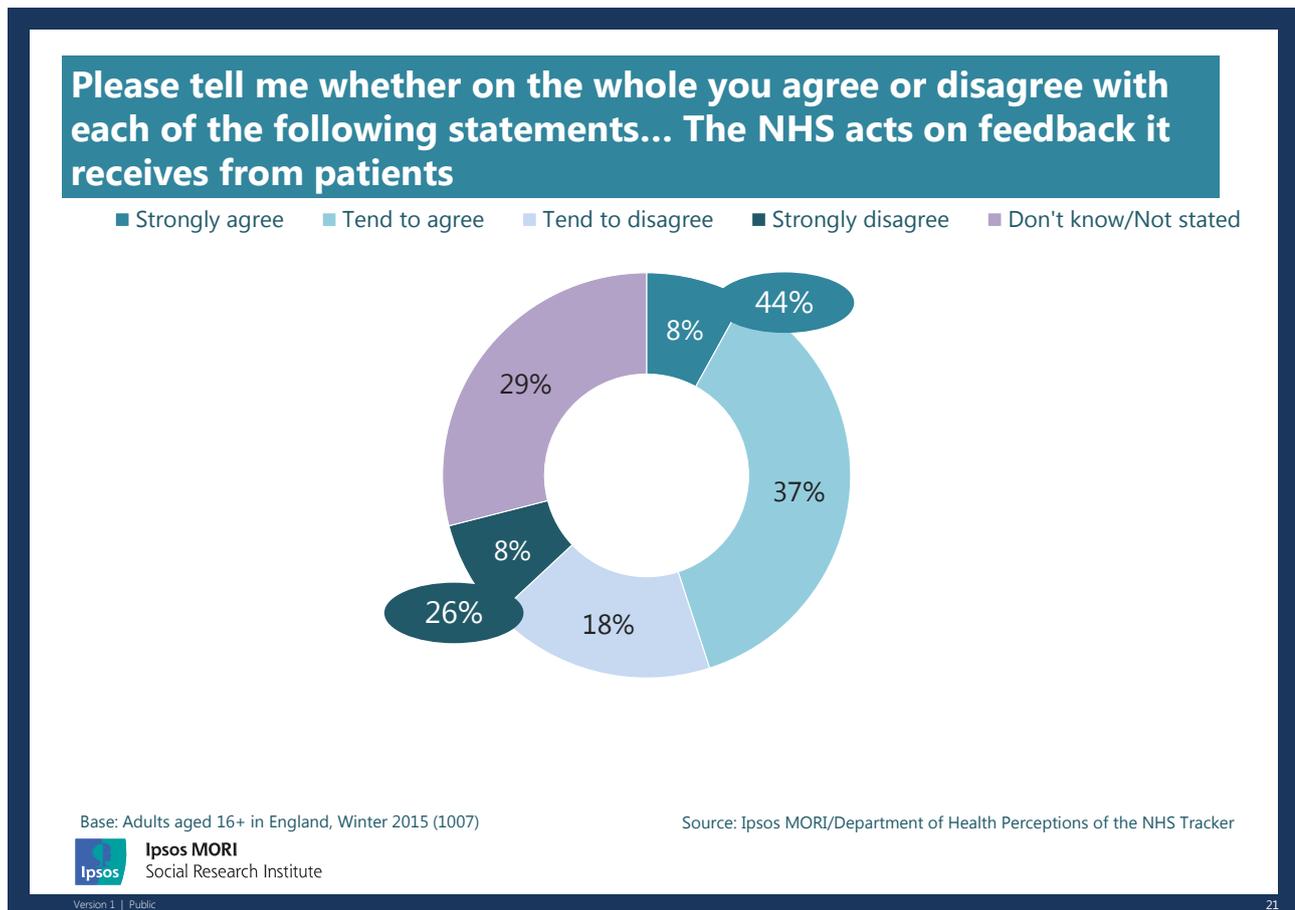


The perception that it is easy for people to feed back on the service they receive from the NHS varies by age. Those aged 65 to 74 are more likely to disagree it is easy to feed back than the public overall (40% compared with 29% overall).

Acting on feedback<sup>14</sup>

Overall, the public are more likely to agree (44%) than disagree (26%) that the NHS acts on feedback it receives from patients. Three in ten (29%) say they 'don't know' if it does. This could be because they may never have given feedback about an NHS service.

**Figure 6.2: Agreement with the statement: 'The NHS acts on feedback it receives from patients'**



Indeed, people who agree that it is easy to provide feedback on NHS services are more likely than those who do not to agree that the NHS acts on the feedback it receives (69% compared with 24%).

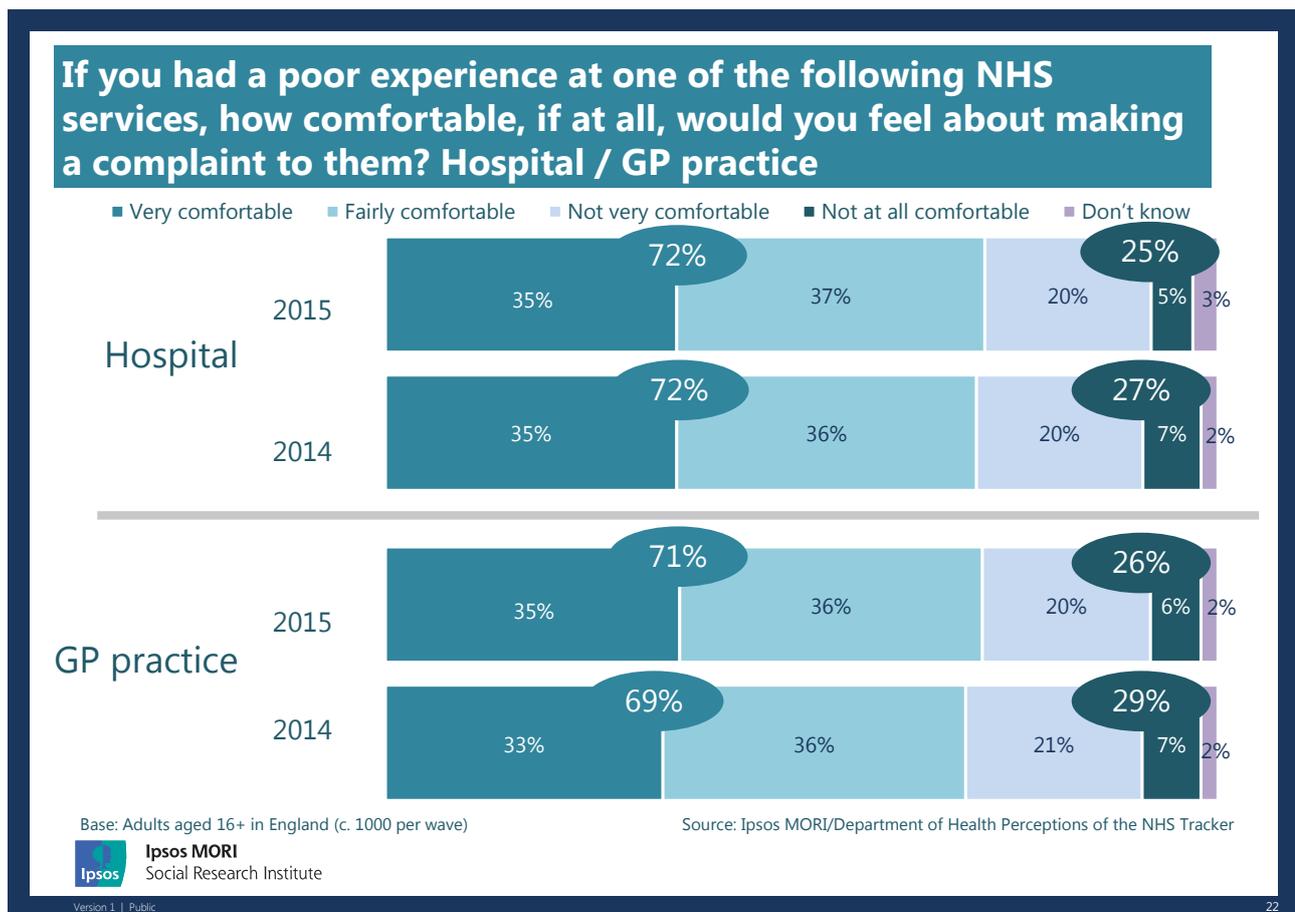
<sup>14</sup> The question reported on in the section 'Acting on feedback' was asked for the first time in the winter 2015 wave of the survey.

## 6.2 Attitudes towards making a complaint

Complaining to a hospital or GP practice

Most people would feel comfortable about making a complaint if they had a poor experience at a hospital (72%) or a GP practice (71%). A third (35%) of people would feel *very* comfortable in both cases. These findings are consistent with those from the winter 2014 survey.

**Figure 6.3: Proportions of the public who would feel comfortable making a complaint to a hospital or GP practice**



Looking across all age groups a pattern develops, with the proportion of people who feel comfortable about making a complaint about a hospital or GP practice decreasing with age:

- 76% of 16 to 24 year olds would feel comfortable making a complaint to a hospital, compared with 61% of those aged 75 or over.
- Similarly, 76% of 16 to 24 year olds would feel comfortable making a complaint to a GP practice, compared with 56% of those aged 75 or over.

Those who agree it is easy to feed back on NHS services are more likely than those who do not to feel comfortable about making a complaint to either service:

- 81% of those who agree it is easy to feed back on the service they receive from the NHS say they would feel comfortable making a complaint to a hospital, compared with 68% of those who do not think it is easy.
- Also, 84% of those who agree it is easy to feed back on NHS services say they would feel comfortable making a complaint to a GP practice, compared with 61% of those who do not think it is easy.

# Changes to the NHS

## 7. New models of care and self-care

This chapter explores the public's attitudes to new models of care and self-care. It then examines how people currently tend to contact the NHS, as well as what they would find useful.

### 7.1 New models of care and self-care<sup>15</sup>

The Five Year Forward View,<sup>16</sup> published in October 2014, set out a new shared vision for the future of the NHS based around new models of care. As a result, a battery of new questions was asked in the winter 2015 survey to examine attitudes towards some of these new care models, including one question about self-care.

Attitudes towards the models vary but are generally positive. The vast majority (95%) of people agree they would feel confident caring for themselves if they had a cold, cough or other minor ailment without going to see a GP. Three quarters (73%) of people go as far as to say they *strongly* agree with this statement.

When asked whether they would be prepared to travel further than their local hospital to a specialist centre for serious health issues such as a stroke, cancer or heart disease, again the overwhelming majority (86%) of people agree they would, and six in ten (59%) *strongly* agree. People with a long-standing illness, disability or infirmity are just as likely to be prepared to travel further as the public overall (86%).

Three quarters (75%) of the public agree that they would receive the same standard of care in a local pharmacy as in a local GP practice if they needed treatment for a cough, cold or another minor ailment.

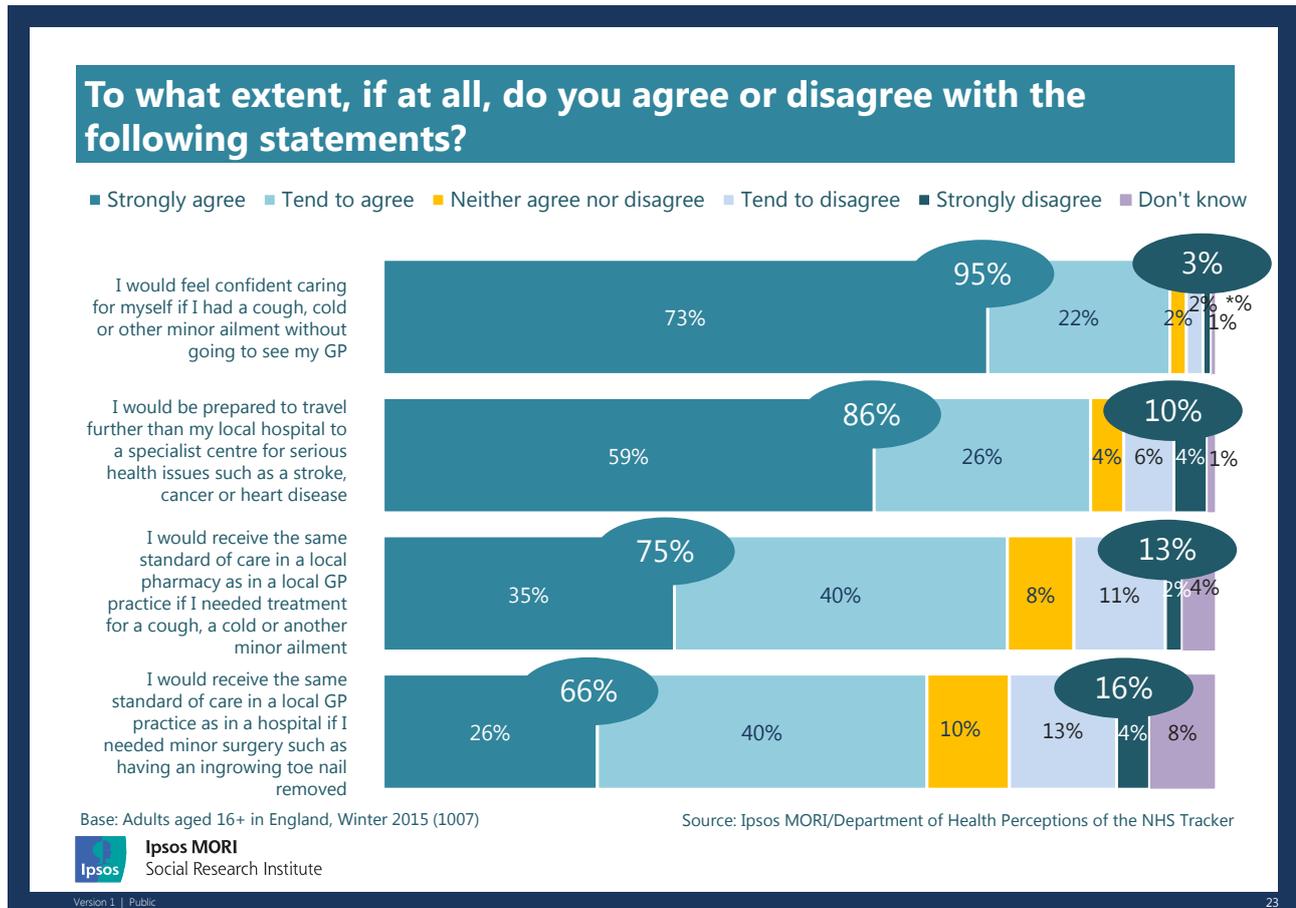
Two-thirds (66%) of people believe that they would receive the same standard of care in a local GP practice as in a hospital if they needed minor surgery such as having an ingrowing toenail removed.

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<sup>15</sup> The questions reported on in section '7.1 New models of care and self-care' were asked for the first time in the winter 2015 wave of the survey.

<sup>16</sup> The Five Year Forward View, NHS England, 23 October 2014, <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

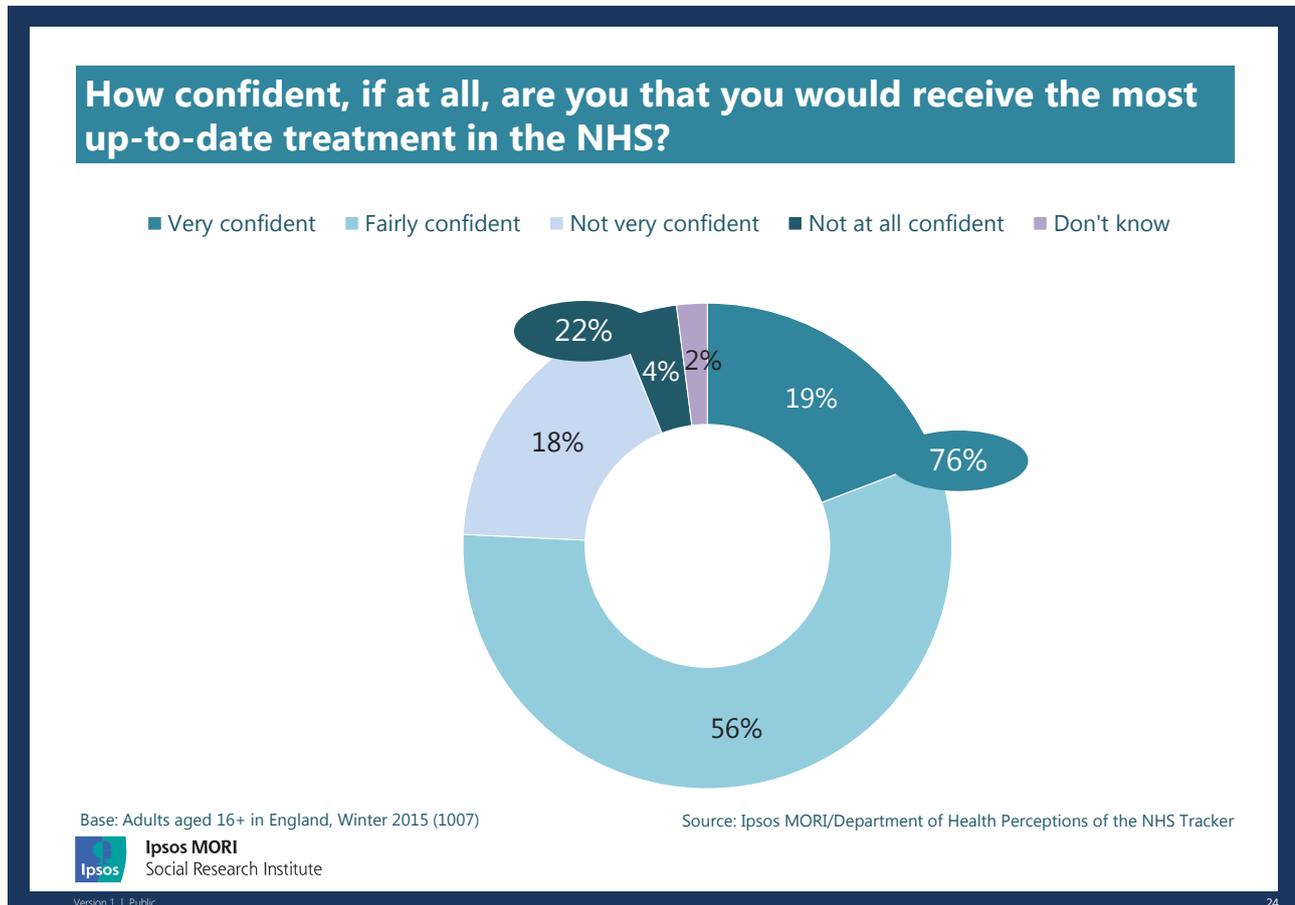
**Figure 7.1: Attitudes towards new models of care and self-care**



## Receiving up-to-date treatment

The majority (76%) of people are confident that they would receive the most up-to-date treatment in the NHS, and two in ten (19%) are *very* confident.

**Figure 7.2: Confidence in NHS treatment being the most up-to-date**



Younger people are more likely to be confident that they would receive the most up-to-date treatment on the NHS than people overall (84% of 16 to 24 year olds are confident compared with 76% overall).

People without caring responsibilities are also more likely to be confident than informal carers that the NHS will provide them with the most up-to-date treatment (78% compared with 68%).

## 7.2 Use of new NHS communication channels

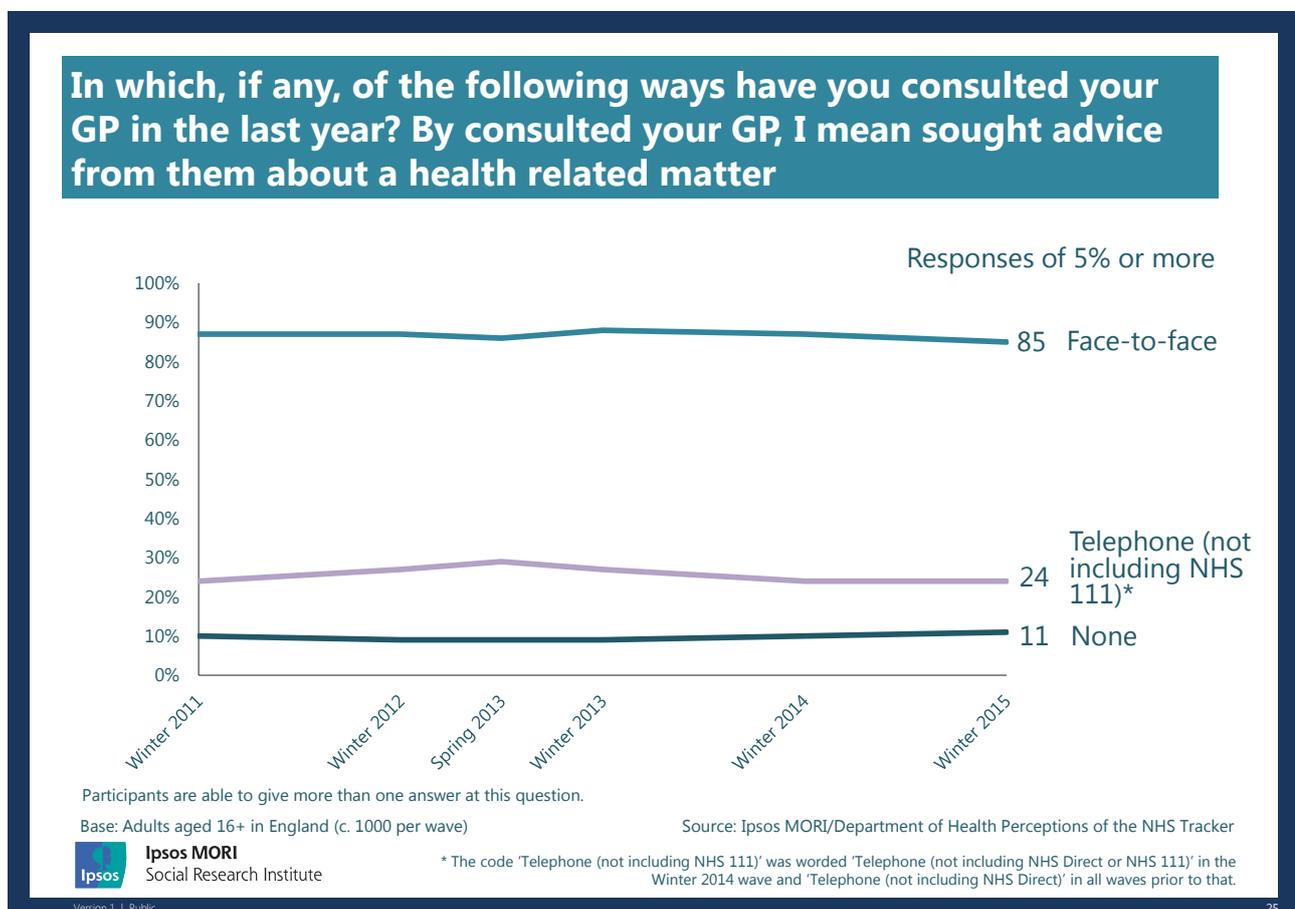
### GP consultations

In spite of the shift to online communication in many aspects of our daily life, the majority (85%) of people continue to consult their GP face-to-face. This proportion has not changed since the question was first asked in winter 2011.

In line with the winter 2014 survey, a quarter (24%) consulted their GP over the telephone during the last year.

Just 2% completed an online form or communicated with their GP in another way online, and only 1% consulted their GP by email in the last year.

**Figure 7.3: Ways in which people have consulted their GP in the last year**



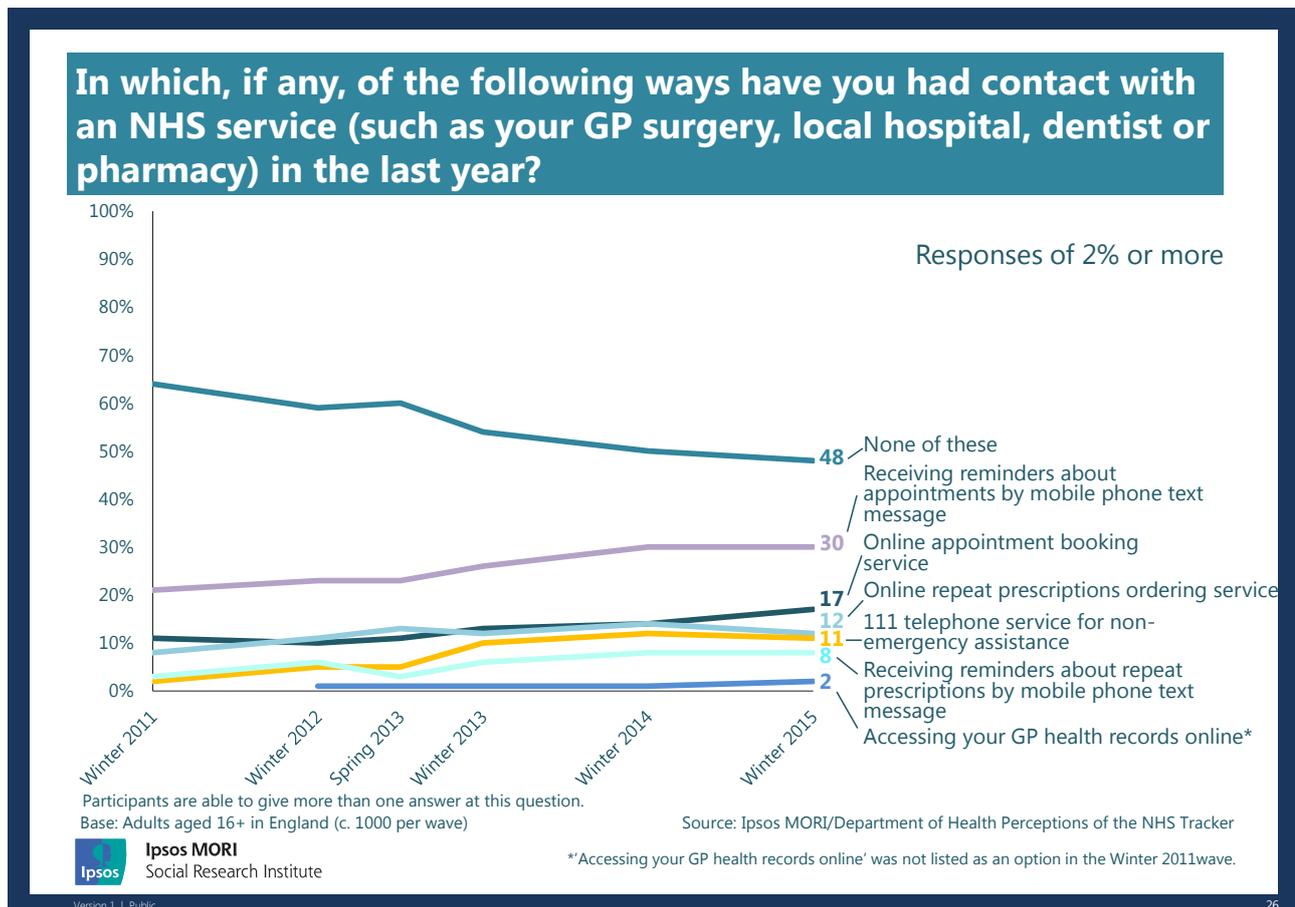
## Contacting the NHS

As well as monitoring the ways in which people are consulting GPs, the survey also tracks how many people are contacting NHS services in general in new ways. Looking back to winter 2011, when a question about this was first asked, the most noticeable change has been the increase in the proportion of people who receive reminders about appointments by text message (from 21% in winter 2011 to 30% in winter 2015). However, it is important to note that this proportion has not changed since the winter 2014 survey.

Almost two in ten (17%) people have booked appointments online in the last year, and again this has not changed since winter 2014. Around one in ten (12%) have ordered repeat prescriptions online and a similar proportion (11%) have phoned NHS 111.

There has been a decline in the proportion of people saying they have not contacted the NHS in any of the new ways listed since the question was first asked (from 64% in winter 2011 to 48% in winter 2015).

**Figure 7.4: Ways in which people have had contact with an NHS service in the last year**



Groups which are more likely to say they have not used any of the new methods listed to contact an NHS service in the last year include:

- Older people (72% of those aged 75 and over say this compared with 48% overall).

- People in social grades C2 and DE, compared with those in social grades AB (54% and 53% respectively compared with 39%).

## Communication preferences

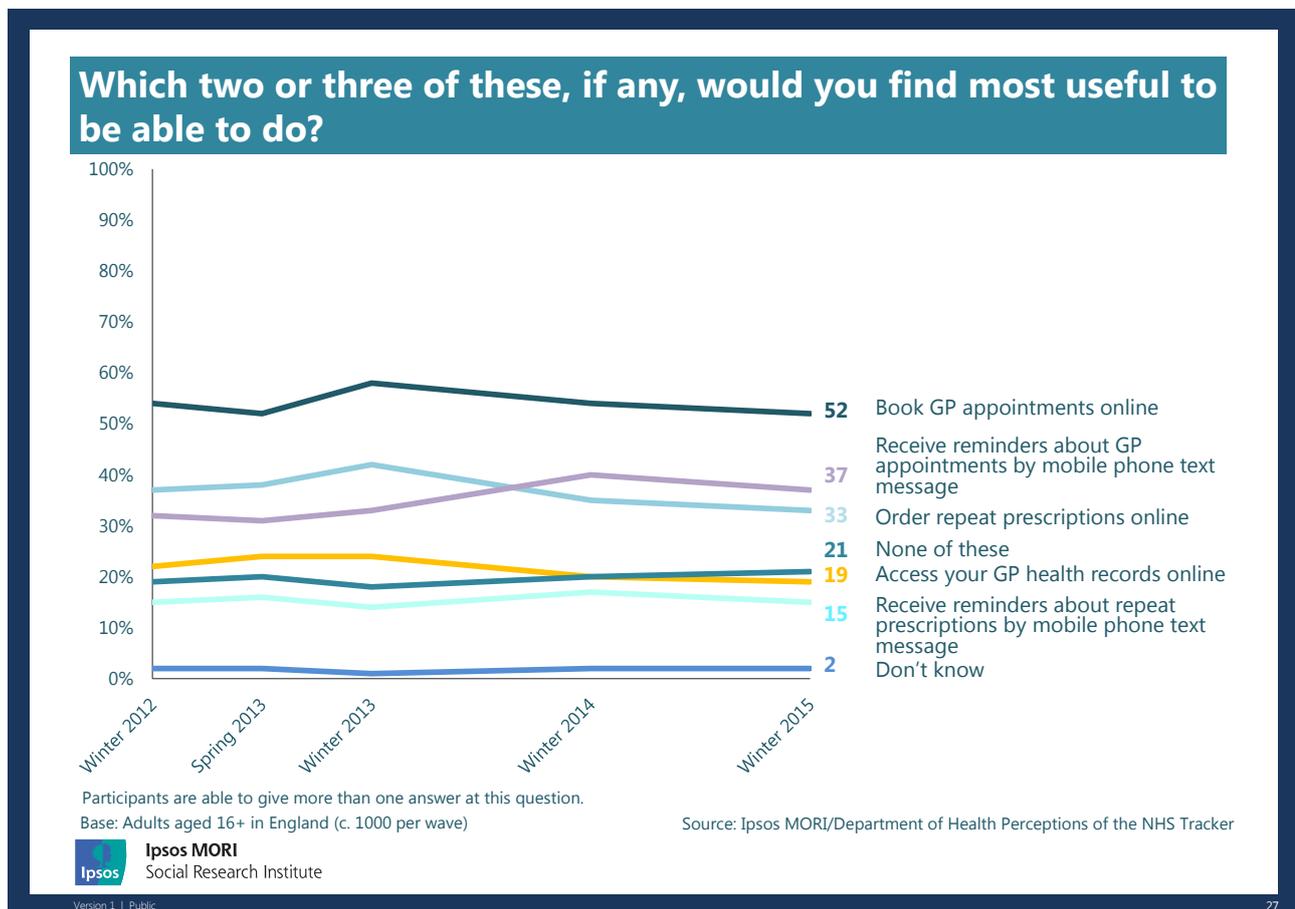
A follow-up question was asked to find out which new methods of communicating with the NHS people would find most useful to be able to do. In line with findings from previous years, people are most likely to say that they would find the ability to book GP appointments online useful (52%). So, while relatively few people (17%) have actually booked GP appointments online (as detailed in the previous section), there is some demand for this service.

Around four in ten (37%) people would find text message reminders of their GP appointments useful, and a third (33%) would like to be able to order repeat prescriptions online.

Around two in ten (21%) people say they would not find any of the new methods of communication useful.

There have not been any changes since winter 2014 regarding responses to this question.

**Figure 7.5: Most useful methods of communication**



The groups which are more likely to say they would not find any of the new methods of contacting NHS services useful are the same as those who have not actually used any of them in the last year. They are:

- Older people (66% of those aged 75 and over are more likely to say they would not find any of the new methods listed useful compared with 21% overall), and
- People in social grades DE compared with those in social grades AB (29% compared with 13%).

# NHS funding

## 8. NHS funding

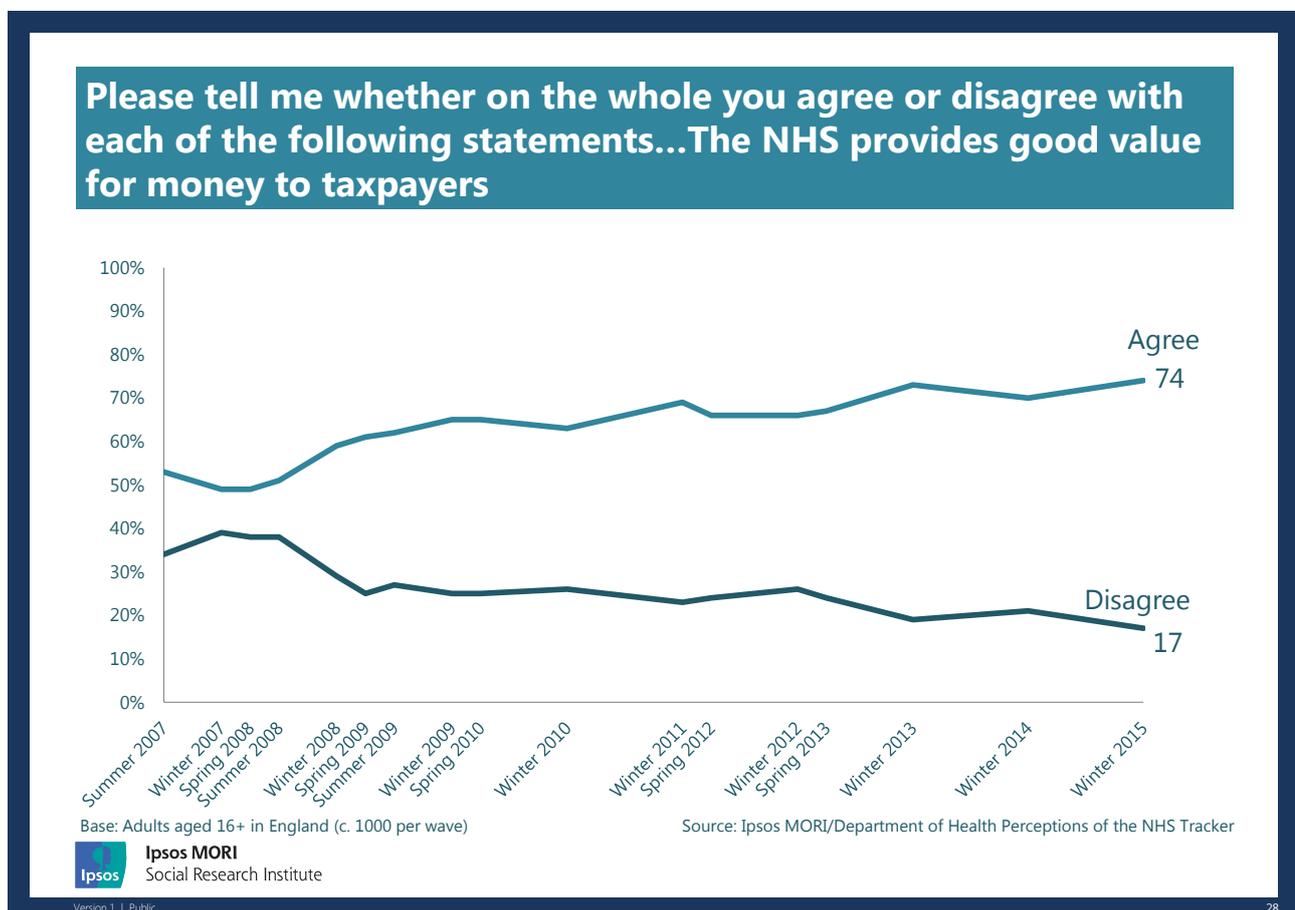
This chapter explores attitudes towards funding of the NHS, including perceptions of value for money and efficiency. It also looks at perceived resourcing pressures and attitudes towards future funding.

### 8.1 Perceptions of value for money and efficiency

#### Value for money

The NHS is thought to provide good value for money to taxpayers. Around three quarters (74%) of the public agree it does. This proportion has risen since last year when seven in ten (70%) agreed and it is the highest it has been since the question was first asked in summer 2007.

**Figure 8.1: Agreement with the statement: 'The NHS provides good value for money to taxpayers'**



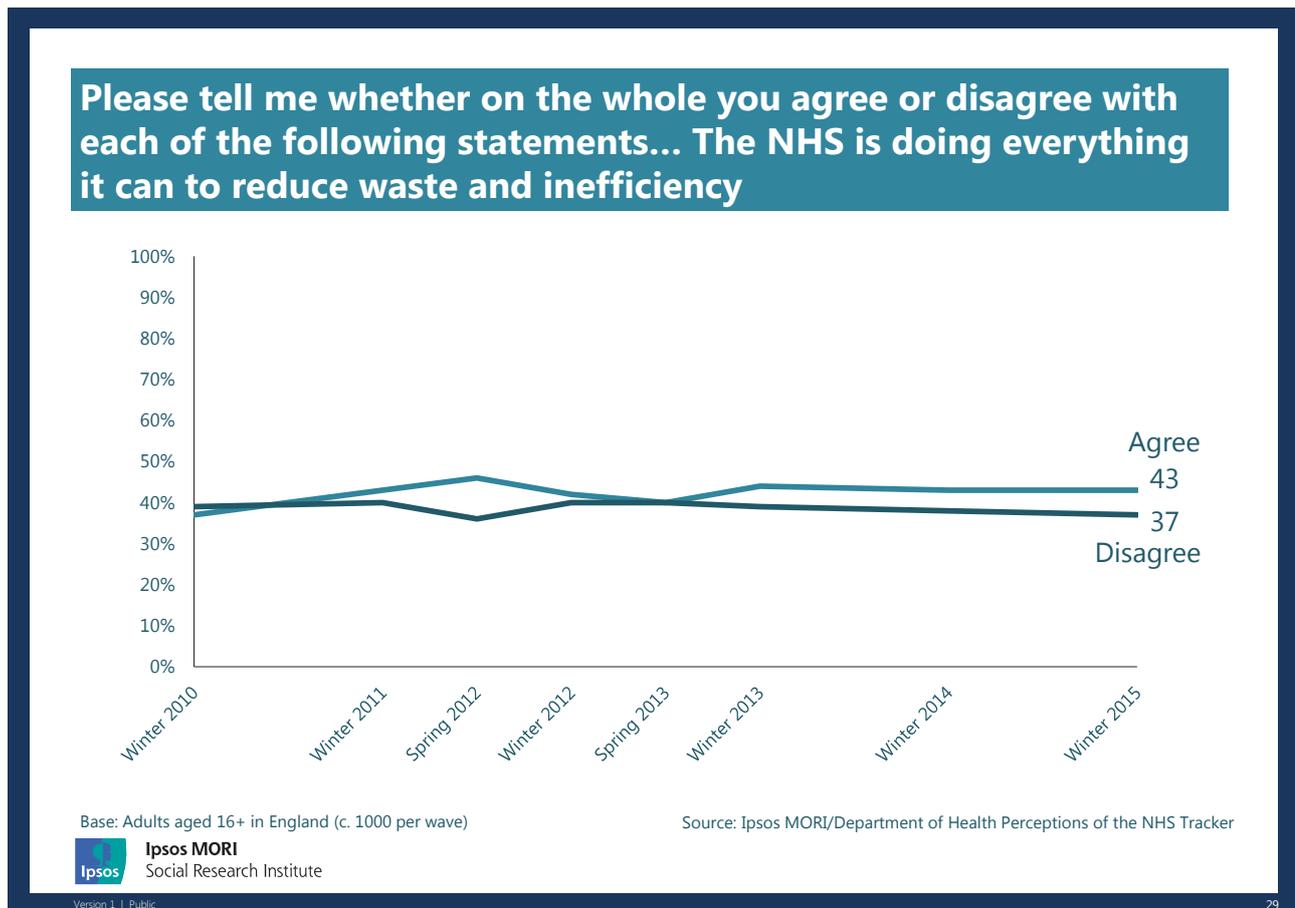
Some variation is seen among people of different social grades, with those in grades AB more likely than those grades DE to agree that the NHS provides good value for money to taxpayers (82% compared with 67%).

Informal carers are more negative about this. Almost a quarter (23%) disagree that the NHS provides good value for money to taxpayers, compared with around one in six (16%) of those with no caring responsibilities.

## Waste and efficiency

There is less consensus among the public about whether the NHS is doing everything it can to reduce waste and inefficiency, with around four in ten (43%) agreeing that it does and a similar proportion (37%) disagreeing. Two in ten (20%) say they don't know if it is. These results have not changed in the last three years.

**Figure 8.2: Agreement with the statement: 'The NHS is doing everything it can to reduce waste and inefficiency'**



Public views of the NHS's efforts to reduce waste in the NHS vary by age. Younger people are more likely to agree that the NHS is doing everything it can to reduce waste and inefficiency (52% of those aged 16 to 24 say this compared with 43% overall).

## 8.2 Views of current and future funding

### Biggest perceived problems facing the NHS

Lack of resources/investment continues to be the biggest perceived problem facing the NHS. More than four in ten (43%) people mention this, and this has not significantly changed since winter 2014 (when 39% mentioned it). This has consistently been cited as the biggest problem facing the NHS since spring 2007.<sup>17</sup>

The proportion of people citing overworked staff as the biggest problem facing the NHS has increased (from 16% in winter 2014 to 21% now). The proportion of people saying that there are not enough doctors or nurses or that the NHS is understaffed has fallen (from 24% in winter 2014 to 20%), but this is likely to be explained by the introduction of a new code this year: 'not enough GPs' (which 12% mention). In total, 27% now mention understaffing or lack of staffing in some way and this is not a change from the 24% that did in 2014.

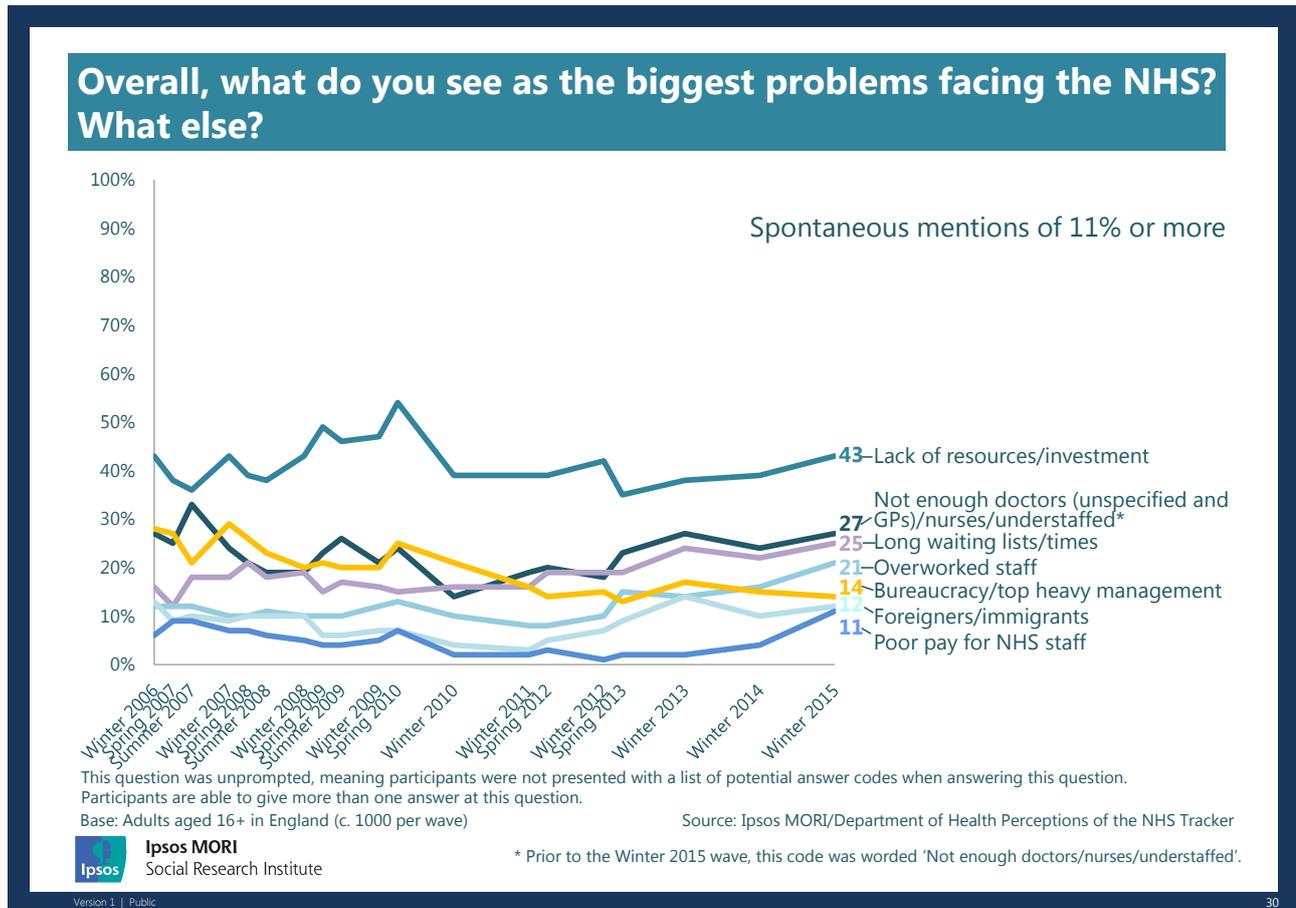
Perhaps reflecting the timing of the fieldwork, which coincided with a dispute between the government and junior doctors, mentions of poor pay for NHS staff have increased from 4% in winter 2014 to 11% in winter 2015.

There has also been an increase in mentions of 'public health problems, such as smoking, obesity, sexual health, etc'. (from 2% in winter 2014 to 5% now in total), although mentions remain very low in comparison with other issues.

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<sup>17</sup> This question was unprompted, meaning participants were not presented with a list of potential answer codes when answering this question.

**Figure 8.3: Perceptions of the biggest problems facing the NHS**



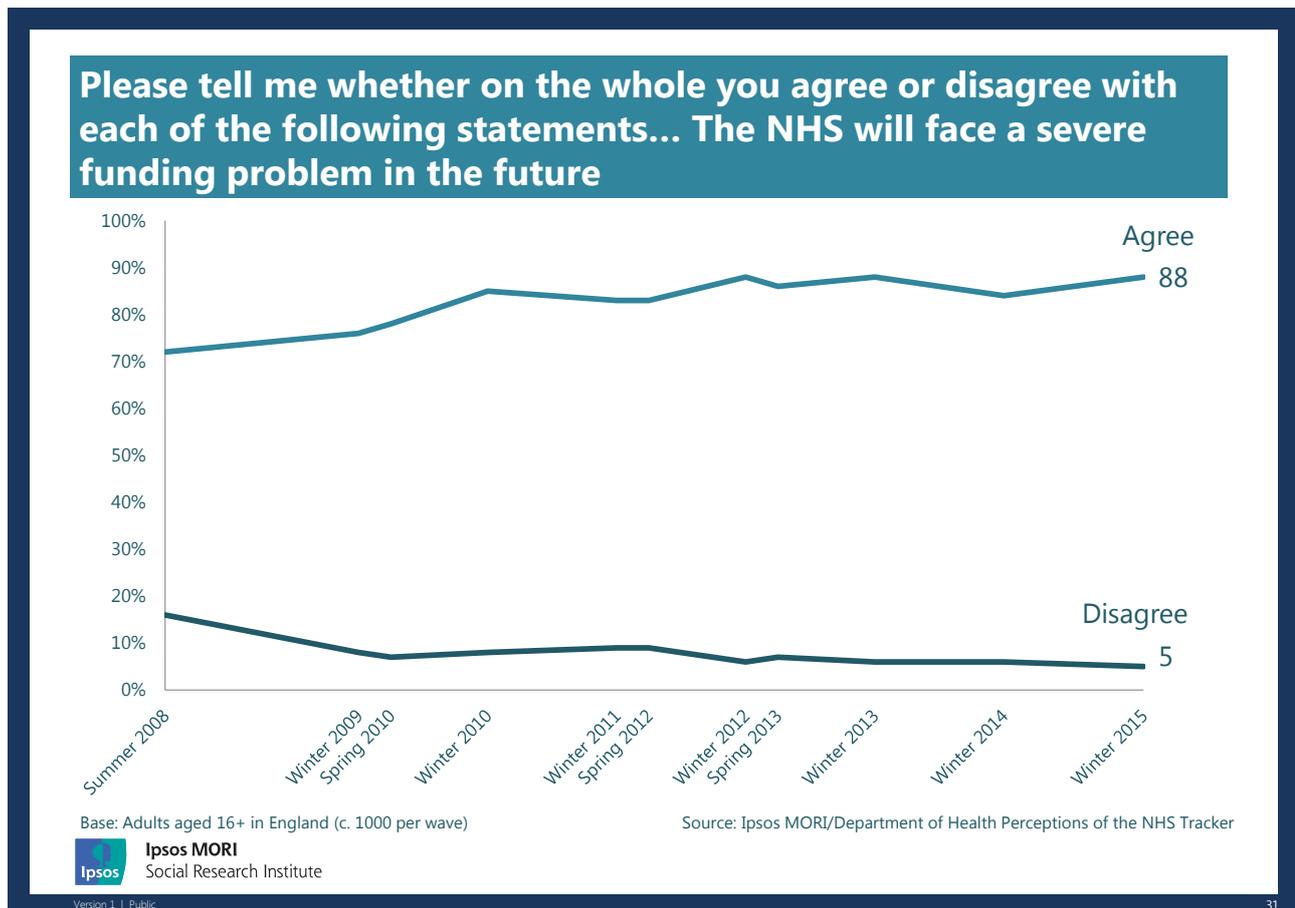
Those in social grades DE are slightly less concerned about a lack of resources/investment for the NHS than those in other social grades, with 36% mentioning this as the biggest problem facing the NHS, compared with 51% of those in social grades AB and 44% of those in grade C1.

Those that think the NHS will get worse in the future or that it will stay the same are more likely than others to see a lack of resources/investment as the biggest problem facing the NHS (51% of those who think it will get better and 39% of those who think it will stay the same compared with 21% of those who think it will get better).

## Future funding

The majority (88%) of the public agree with a statement that the NHS will face a severe funding problem in future. This has increased since winter 2014 when 84% agreed, and is in line with the results from winter 2013 (88%). One in twenty (5%) disagrees, in line with the figure recorded in winter 2014 (6%).

**Figure 8.4: Agreement with the statement 'The NHS will face a severe funding problem in the future'**



The government published a joint Spending Review and Autumn Statement on 25<sup>th</sup> November 2015, during the fieldwork period for this survey.<sup>18</sup> Analysis of the data shows that those who were interviewed on or after the 25<sup>th</sup> November (during which time there was a lot of media coverage about NHS funding) are more concerned about future funding of the NHS than those interviewed before that date (91% compared with 86%).

<sup>18</sup> Spending review and autumn statement 2015, HM Treasury, 27 November 2015, <https://www.gov.uk/government/publications/spending-review-and-autumn-statement-2015-documents/spending-review-and-autumn-statement-2015>

**Public health**

## 9. Public health

This chapter discusses the biggest perceived health problems facing the public and then moves on to focus specifically on one of these: obesity. Perceptions of the government's role and effectiveness in tackling obesity are explored, as well as public views of some of the health implications of obesity.

### 9.1 The biggest perceived health problems facing people today<sup>19</sup>

Cancer continues to be seen as the biggest health problem facing people today, mentioned by just over four in ten (41%) of the public. The proportion of people mentioning cancer has risen since winter 2014 (when it was mentioned by 35% of people) and is at its highest level since this question was first asked in winter 2006. This could potentially be linked to the fact that the World Health Organisation's International Agency for Research on Cancer released an article, which received fairly substantial media coverage, just before the fieldwork for the 2015 survey about the consumption of processed meat being linked to increased cancer risk.<sup>20</sup>

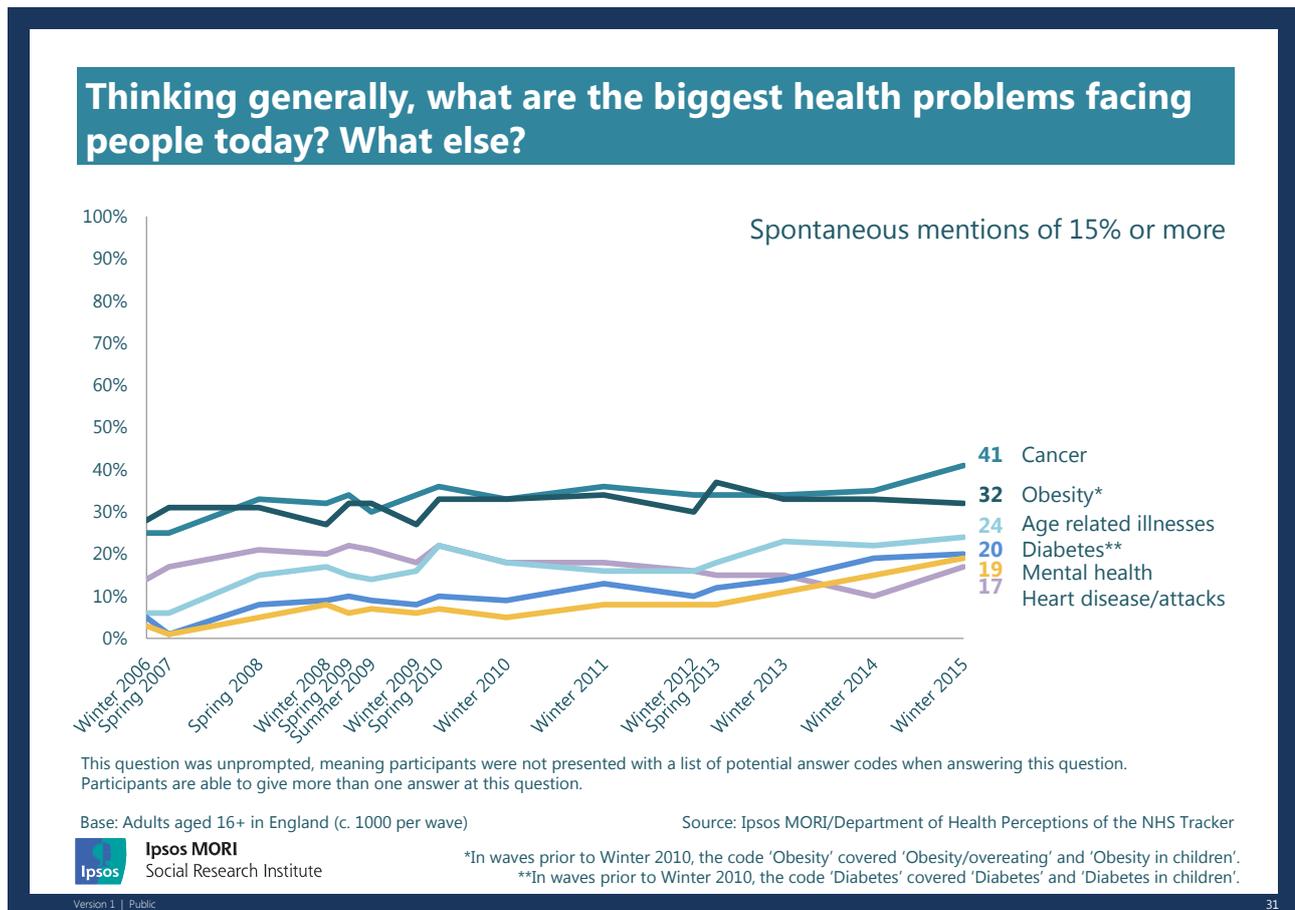
Obesity receives the second highest number of mentions (32%), while 24% of people mention age-related illnesses and 20% mention diabetes. These proportions have not changed since winter 2014.

Concern over both mental health and heart disease/attacks has risen over the last year. Almost two in ten (19%) now name mental health as one of the biggest health problems facing people today, compared with 15% in winter 2014. The proportion mentioning heart disease/attacks has risen by 7 percentage points (17% now mention this compared with 10% in winter 2014).

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<sup>19</sup> This question was unprompted, meaning participants were not presented with a list of potential answer codes when answering this question.

<sup>20</sup> Carcinogenicity of consumption of red and processed meat, Véronique Bouvard, Dana Loomis, Kathryn Z Guyton, Yann Grosse, Fatiha El Ghissassi, Lamia Benbrahim-Tallaa, Neela Guha, Heidi Mattock, Kurt Straif on behalf of the International Agency for Research on Cancer Monograph Working Group, published online on 26 October 2015, The Lancet Oncology, [http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(15\)00444-1/abstract#](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(15)00444-1/abstract#)

**Figure 9.1: The biggest perceived health problems facing people today**

There are some differences in perceptions of the biggest health problems facing people today among different age groups.

- The youngest age group are more likely than others to mention cancer as the biggest health problem. Half (50%) of 16 to 24 year olds cite this compared with four in ten (41%) of the public overall.
- Those aged 25 to 34 tend to be more concerned about mental health. Three in ten (30%) cite mental health as one of the biggest health problems, compared with two in ten (19%) overall.
- People aged 55 to 64 are more likely to be concerned about heart disease/attacks. Just under a quarter (24%) mention this compared with just under two in ten (17%) of the public overall.
- Middle and older age groups are more concerned about age-related illnesses. Over a third (35%) of those aged 55 to 64 and the same proportion (34%) of those aged 65 to 74 mention age-related illnesses, compared with one quarter (24%) overall.

Women are more likely than men to mention mental health as the biggest health problem facing people today (22% compared with 16%).

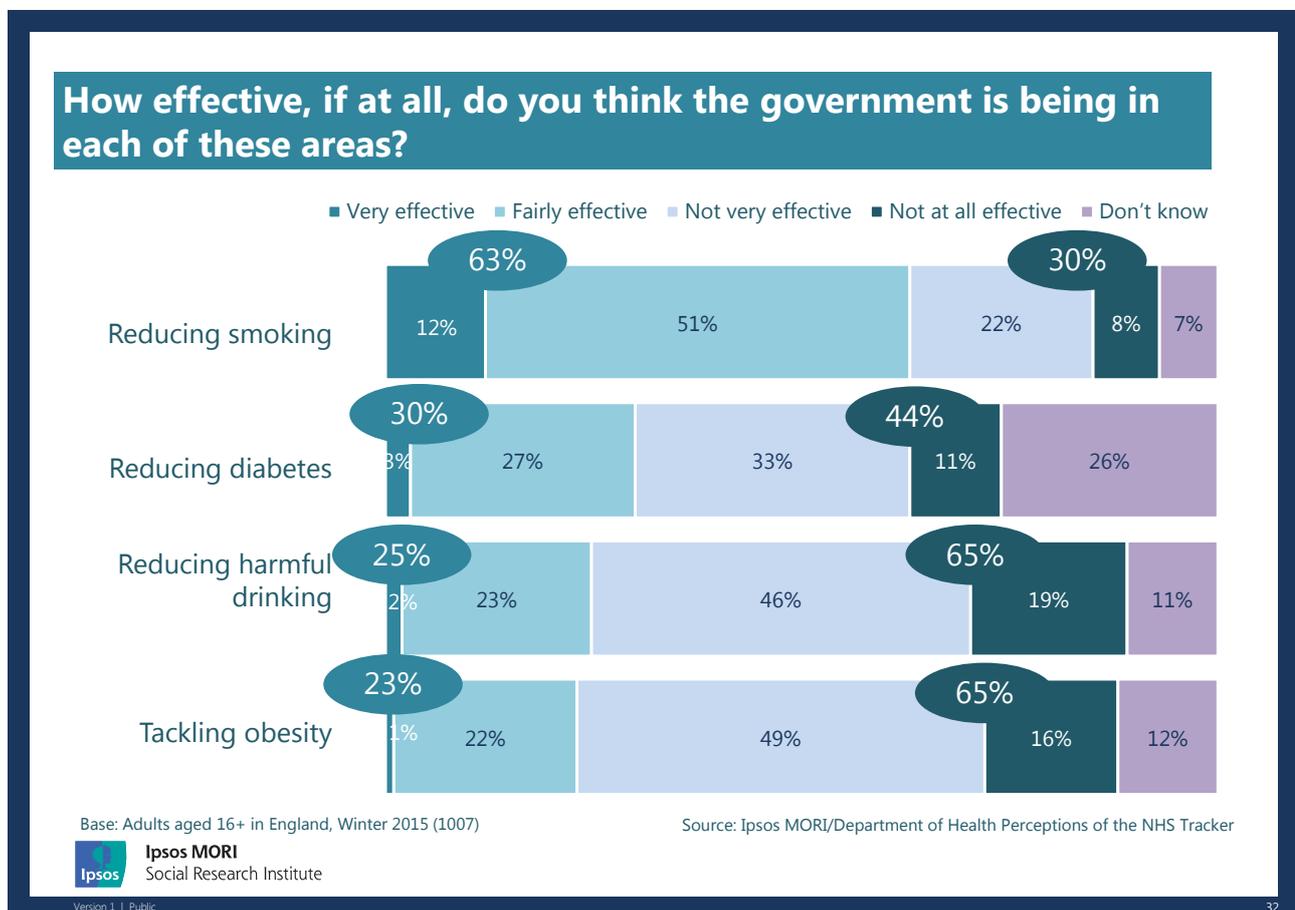
Those in social grades AB and C1 are more likely to cite age-related illnesses as the biggest health problem facing people, compared with those in grades C2 and DE (34% of those in grades AB and 29% of those in grade C1 mention this compared with 19% of those in grade C2 and 15% of those in grades DE).

## 9.2 Perceptions of the government's effectiveness in tackling public health issues<sup>21</sup>

Looking at perceptions of the government's effectiveness at tackling a number of public health issues, it is seen as being most effective at reducing smoking. Just over six in ten (63%) think the government is being effective at this compared with three in ten (30%) who do not.

The government is considered less effective at reducing diabetes, reducing harmful drinking and tackling obesity, with more people thinking it is being ineffective than effective in each of these three areas. Three in ten (30%) think the government is being effective in reducing diabetes, a quarter (25%) think it is being effective at reducing harmful drinking and just over two in ten (23%) think it is being effective in tackling obesity. In relation to reducing diabetes, just over a quarter (26%) say they don't know if the government is being effective or not.

**Figure 9.2: Perceptions of the government's effectiveness in tackling a range of public health issues**



People aged 55 to 64 are more likely to think that the government is being ineffective at tackling three of the four public health related issues asked about.

- 80% state that the government is being ineffective at tackling obesity compared with 65% overall.

<sup>21</sup> The questions reported on in section '9.2 Perceptions of the government's effectiveness in tackling public health issues' were asked for the first time in the winter 2015 wave of the survey.

- 74% think the government is being ineffective at reducing harmful drinking compared with 65% overall.
- 55% think the government is being ineffective at reducing diabetes compared with 44% overall.

In contrast, when looking at reducing smoking, it is the youngest age group that are more likely to think that the government is being ineffective (42% of those aged 16 to 24 think the government is ineffective in this area compared with 30% of the public overall).

There are also some differences in terms of social grade.

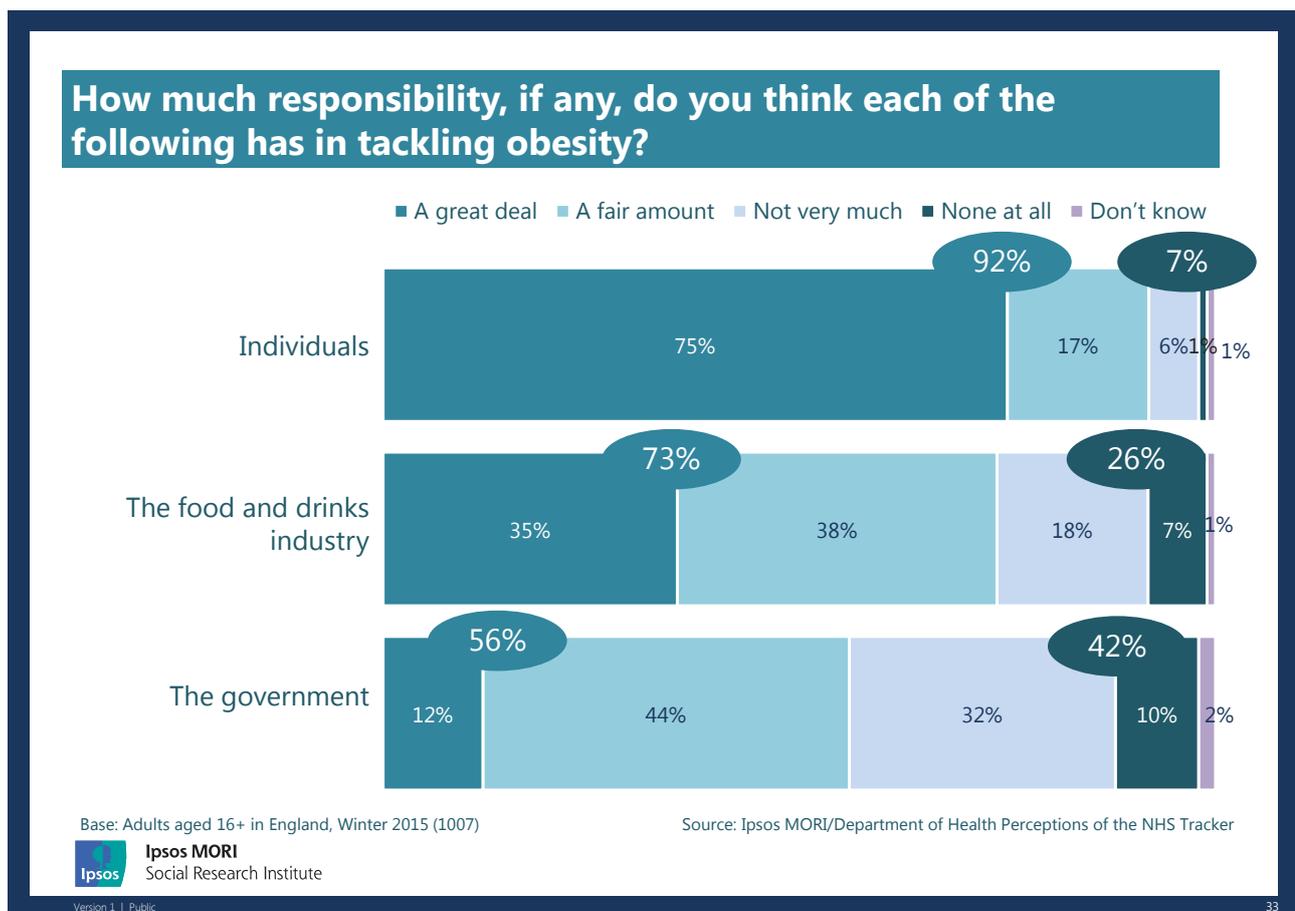
- 54% of those in social grades AB and 50% of those in grade C1 think the government is being ineffective at reducing diabetes compared with 38% of those in grade C2 and 33% of those in grades DE.

### 9.3 Perceptions about obesity<sup>22</sup>

#### Perceptions of responsibility in tackling obesity

Individuals are considered to have more responsibility in tackling obesity than the food and drinks industry or the government. Just over nine in ten (92%) think that individuals have a great deal/a fair amount of responsibility in tackling obesity, compared with just over seven in ten (73%) for the food and drinks industry and just over five in ten (56%) for the government.

**Figure 9.3: Perceptions of responsibility in tackling obesity**



Those who apportioned equal responsibility for tackling obesity among two or more of the following: individuals, the food and drinks industry and the government, were asked to select which they think has the biggest role and (if applicable) the smallest role to play in tackling obesity. The results support the overall picture, with close to two thirds (64%) thinking that individuals have the biggest role to play, just under a quarter (24%) thinking the food and drinks industry does, and just under one in ten (9%) thinking the government does.

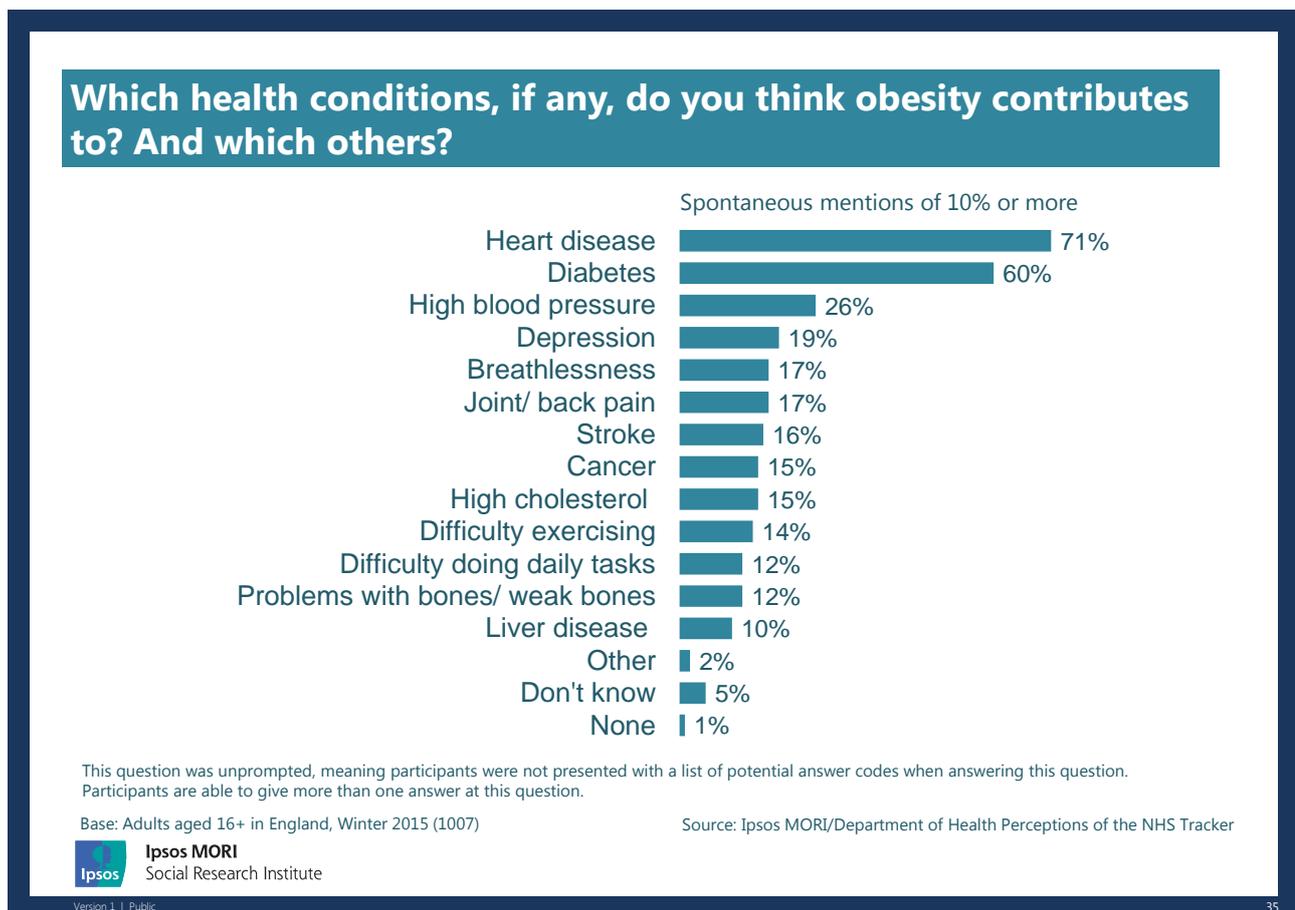
There are differences between different age groups in the level of responsibility apportioned to the government in tackling obesity, with younger people more likely to think the government has responsibility for tackling obesity than older people.

<sup>22</sup> The questions reported on in section '9.3 Perceptions about obesity' were asked for the first time in the winter 2015 wave of the survey.

- 66% of those aged 16 to 24 think the government has a great deal or fair amount of responsibility in tackling obesity, compared with 56% of the public overall.
- 53% of those aged 75 and over think the government does not have very much or any responsibility in tackling obesity, compared with 42% overall.

Perceived obesity related health conditions<sup>23</sup>

Looking at which health conditions people think obesity contributes to, heart disease is most commonly mentioned (71%), followed by diabetes (60%), and high blood pressure (26%). Please note that this question was unprompted, meaning participants were not presented with a list of potential answer codes when answering it.

**Figure 9.4: Perceived obesity related health conditions**

There are some differences by social grade in terms of which health conditions people think obesity contributes to, with people in social grades AB more likely to mention the two most common answers (heart disease and diabetes) than people overall.

- 82% of people in grades AB mention heart disease compared with 71% overall.
- 75% of those in grades AB cite diabetes compared with six in ten 60% overall.

Older people are also more likely to associate diabetes with obesity.

- 76% of people aged 55 to 64 and 73% of people aged 65 to 74 and think that obesity contributes to diabetes, compared with 60% overall.

<sup>23</sup> This question was unprompted, meaning participants were not presented with a list of potential answer codes when answering this question.

# **Social care: perceptions of current services**

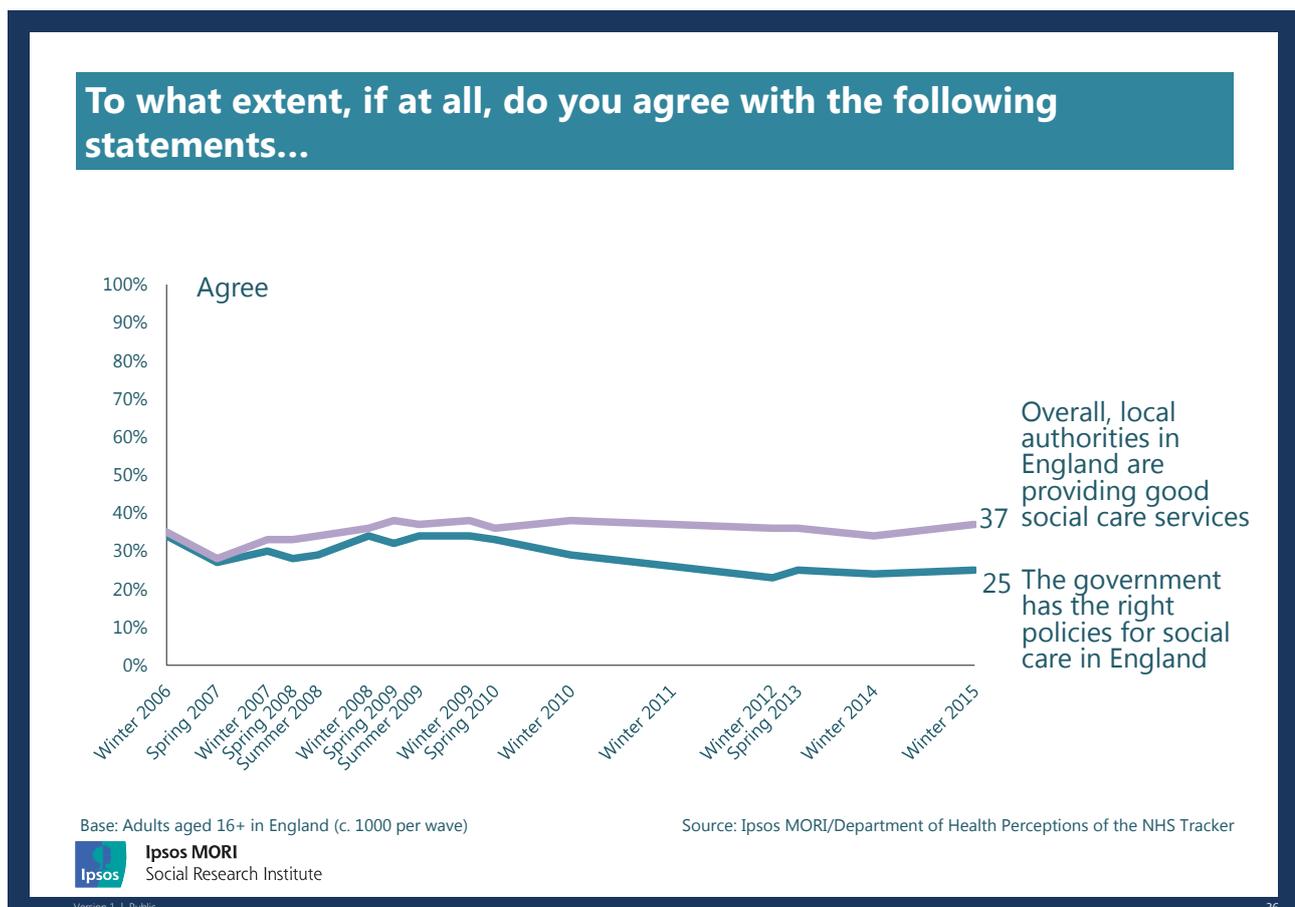
## 10. Social care: perceptions of current services

This chapter examines perceptions of social care services, perceptions of government policies for social care, and views about how well social care services work with NHS services.

### 10.1 Perceptions of social care services and policies

Public perceptions of social care services are more positive than perceptions of the government's policies for them, reflecting a pattern that also exists regarding NHS services and policies for them (as described in chapter 3). Almost four in ten (37%) agree that overall local authorities in England are providing good social care services compared with a quarter (25%) who agree that the government has the right policies for social care in England. Relatively high proportions of people say they don't know about either subject though (10% don't know if overall local authorities in England are providing good social care services and 15% don't know if the government has the right policies for social care in England). These proportions have not changed since winter 2014.

**Figure 10.1: Perceptions of social care services and policies**



People who have experience of social care services (either personally or through members of their household, family or friends) tend to be more negative about those services and government social care policies than those without experience of these services.

- 42% of those with experience of social care services disagree that overall local authorities in England are providing good social care services compared with 31% of those without experience of the services.
- 54% of people with experience of social care services disagree that the government has the right policies for social care in England, compared with 37% of those who have not experienced services.

This is the opposite pattern than recorded for the NHS, where people who have used NHS services recently are more positive about the running of the service than those who have not (as described in chapter 3).

Informal carers tend to be more negative than people without caring responsibilities about both statements.

- 47% of informal carers disagree that local authorities are providing good social care services, compared with 30% of those without caring responsibilities.
- 53% of informal carers disagree that the government has the right policies for social care compared with 38% of those without caring responsibilities.

There are also differences in views towards these two statements in terms of age, with those aged 55 to 64 and 65 to 74 being most negative.

- 49% of those aged 55 to 64 and 50% of those aged 65 to 74 disagree that local authorities are providing good social care services, compared with 35% overall.
- 54% of those aged 55 to 64 and 57% of those aged 65 to 74 disagree that that the government has the right policies for social care in England, compared with 42% overall.

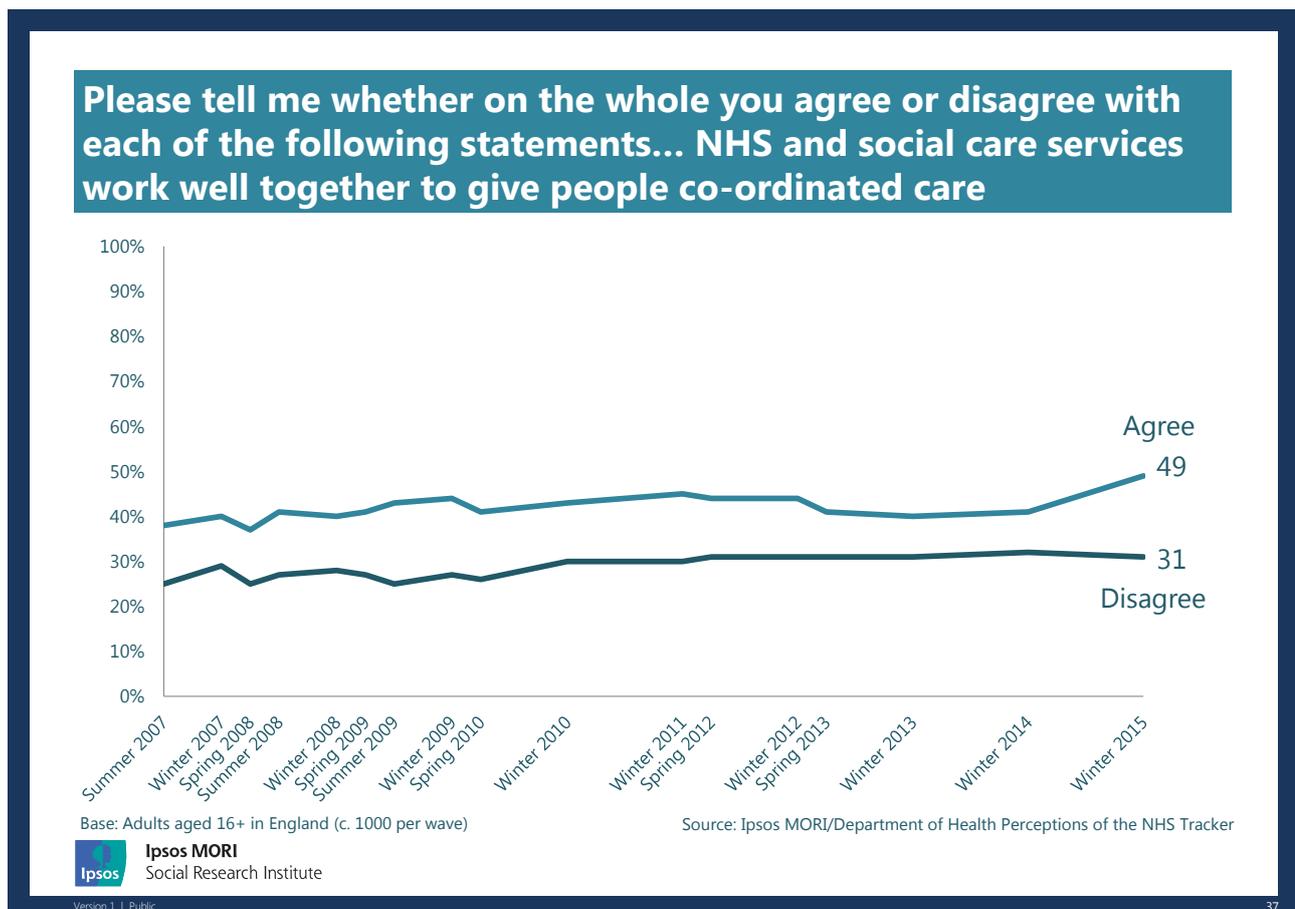
People in social grades AB and C1 tend to be less positive about both social care services and government policies for them.

- 43% of those in social grades AB disagree that local authorities are providing good social care services, compared with 35% overall.
- 54% of those in social grades AB disagree that that the government has the right policies for social care in England, compared with 42% overall.

## 10.2 Perceptions of co-ordinated care

Public opinion is divided about whether NHS and social care services work well together to give people co-ordinated care. Almost half (49%) agree that they do, while three in ten (31%) disagree and two in ten (21%) say they don't know. This level of agreement is the highest ever recorded for this question and it has risen since winter 2014 (when 41% agreed). The level of disagreement has not changed since winter 2014 (when it was 32%) but the proportion of people who say they don't know has fallen (from 27% in winter 2014 to 21% now).

**Figure 10.2: Agreement with the statement: 'NHS and social care services work well together to give people co-ordinated care'**



Some of the same groups of people who are more negative about social care services and government policies for them are also more likely to be negative about whether NHS and social care services work well together to give people co-ordinated care. These include:

- Those with experience of social care services, either personally or through members of their household, family or friends (43% of this group disagree that NHS and social care services work well together compared with 25% of those who do not have experience of services).
- Informal carers (43% of this group disagree that NHS and social care services work well together compared with 26% of those without caring responsibilities).

- Those aged 55 to 64 and 65 to 74 compared with people overall (41% and 45% disagree respectively compared with 31% overall).
- Those in social grades AB compared with people overall (44% disagree compared with 31%).

# **Social care: preparing for the future**

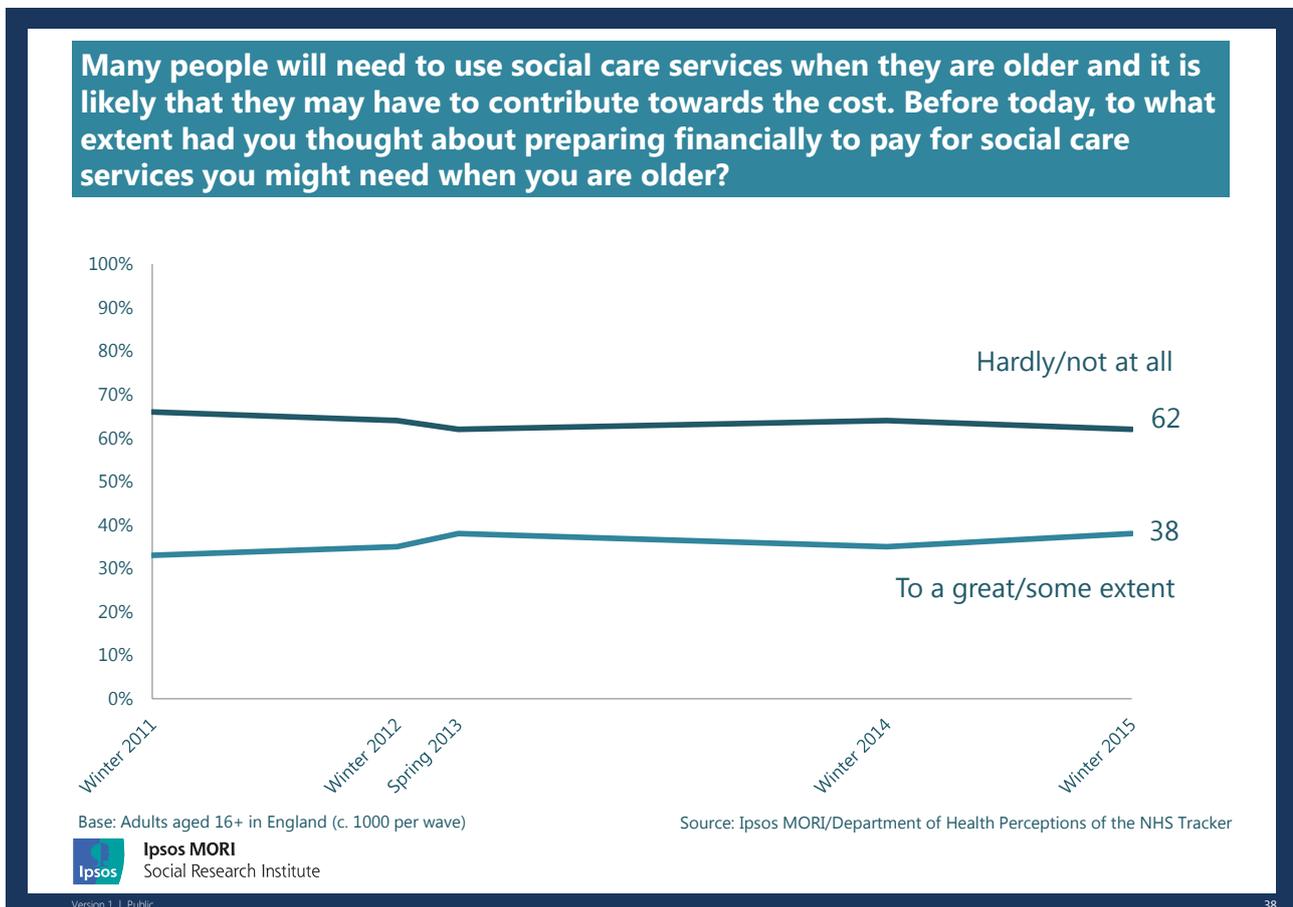
# 11. Social care: preparing for the future

This chapter explores the extent to which people have thought about, and started, preparing for any future social care needs.

## 11.1 Preparing to pay for social care

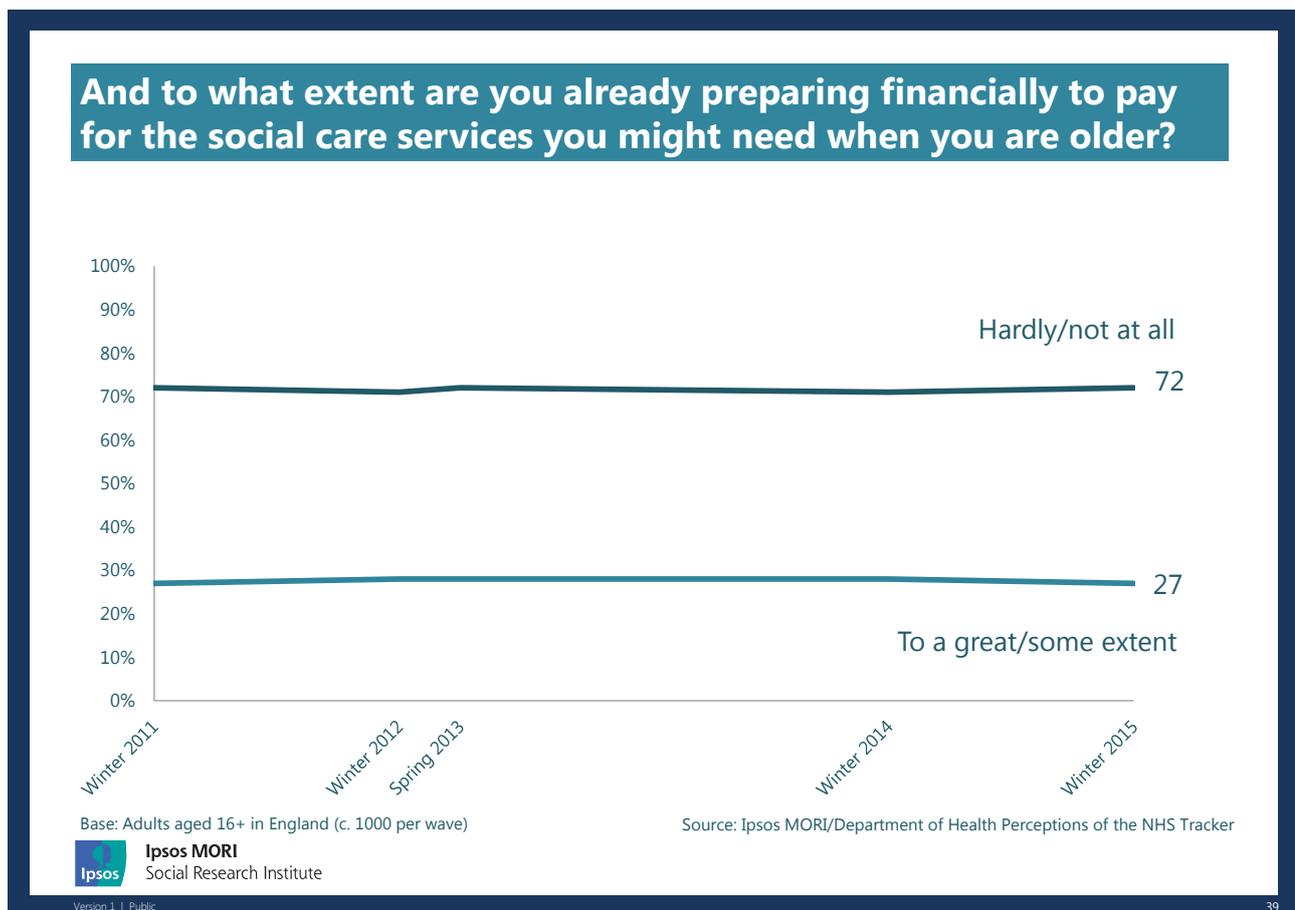
The proportion of people who have thought about preparing to pay for social care services they might need when they are older is relatively low at around four in ten (38%). Around six in ten (62%) have hardly thought about preparing or have not thought about it at all. These proportions have not changed since winter 2014 (when 35% had thought about preparing and 64% had not or hardly had).

**Figure 11.1: The extent to which people have thought about preparing financially to pay for social care services they might need when they are older**



The proportion of people who have actually started to prepare in some way is even lower, with just over a quarter (27%) saying they have started preparing financially for social care services they might need when they are older. Around seven in ten (72%) have hardly made any preparations or have not started preparing at all. These proportions have not changed since the question was first asked in winter 2011.

**Figure 11.2: The extent to which people are already preparing financially to pay for social care services they might need when they are older**



There are differences by age group in the extent to which people have thought about preparing financially to pay for social care services they might need.

- People aged 55 to 74 are more likely than the public as a whole to have started preparing financially to pay for social care that they might need, with 38% of those aged 55 to 64 and the same proportion of those aged 65 to 74 having started to prepare (compared with 27% overall).

The extent to which people are planning for the costs of social care also varies by social grade, with those in social grades AB and C1 more likely to have thought about preparing *and* to have started preparing than those in grades C2 and DE.

- 53% of those in grades AB and 46% of those in C1 have thought about preparing compared with 28% of those in grade C2 and 23% of those in grades DE.

- 41% of those in social grades AB and 32% of those in C1 have started to prepare compared with 21% of those in grade C2 and 16% of those in grades DE.

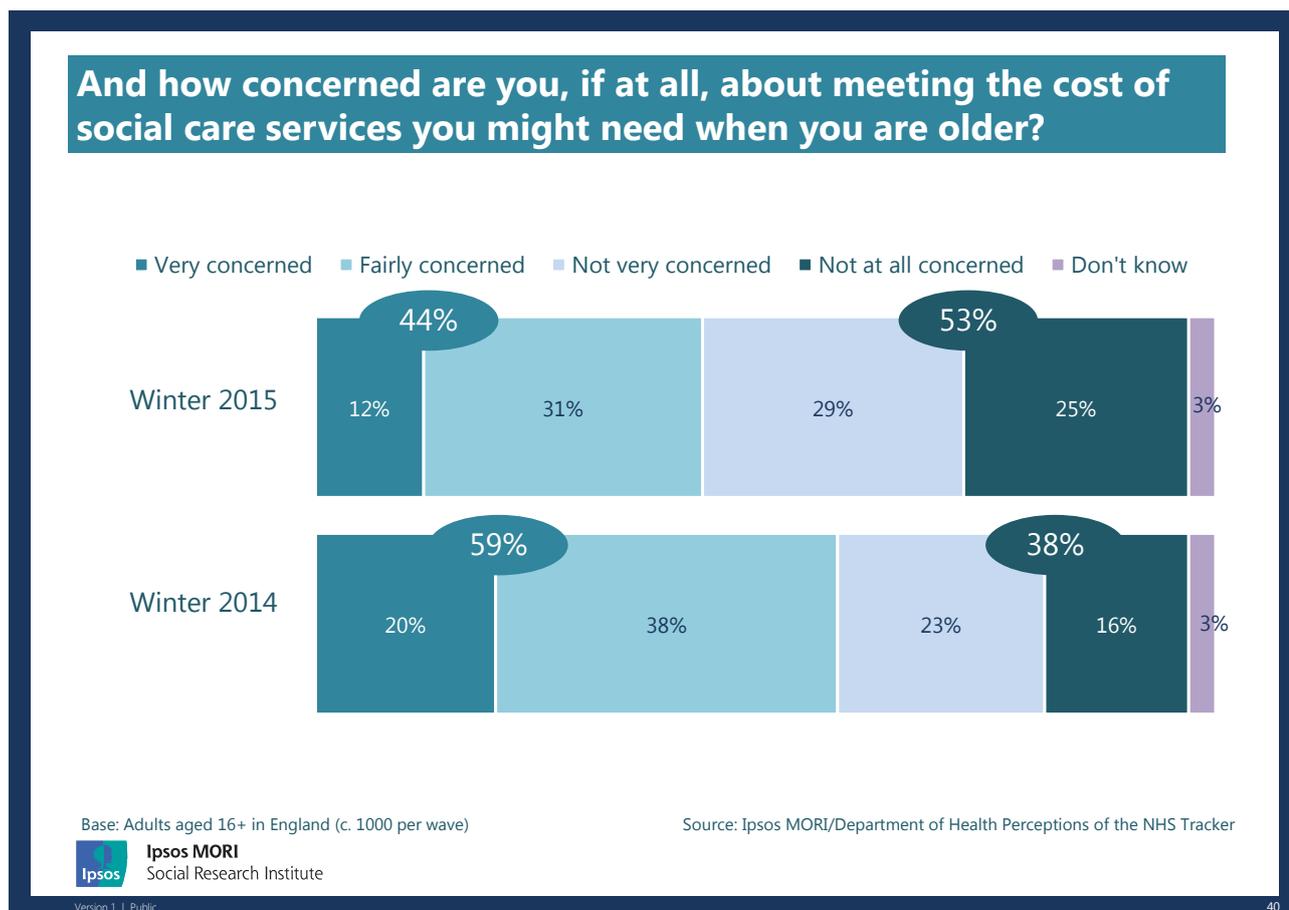
People who are concerned about meeting the cost of social care are more likely to have given some thought to preparing financially *and* to have started preparing.

- 57% of those who are concerned about social care costs have given it some thought, compared with 23% of those who are not concerned.
- 41% of those who are concerned about social care costs have started to prepare, compared with 17% of those who are not concerned.

## 11.2 Concern about meeting the costs

Concern about meeting the costs of social care has fallen since winter 2014, with 44% saying that they are concerned (compared with 59% in winter 2014). The proportion of people saying that they are not concerned about meeting the costs of social care is now higher than the proportion saying they are concerned (53% are not concerned, compared with 38% in winter 2014).

**Figure 11.3: Level of concern people have about meeting the cost of social care services they might need when they are older**



Looking at which groups of people have changed their opinion over the last year, fewer people aged 55 to 64 now say they are concerned about meeting potential social care costs than in winter 2014 (50% now say they are concerned compared with 72% in winter 2014).

Looking specifically at the results from this wave, the following groups of people are more likely to be concerned about meeting the potential cost of care:

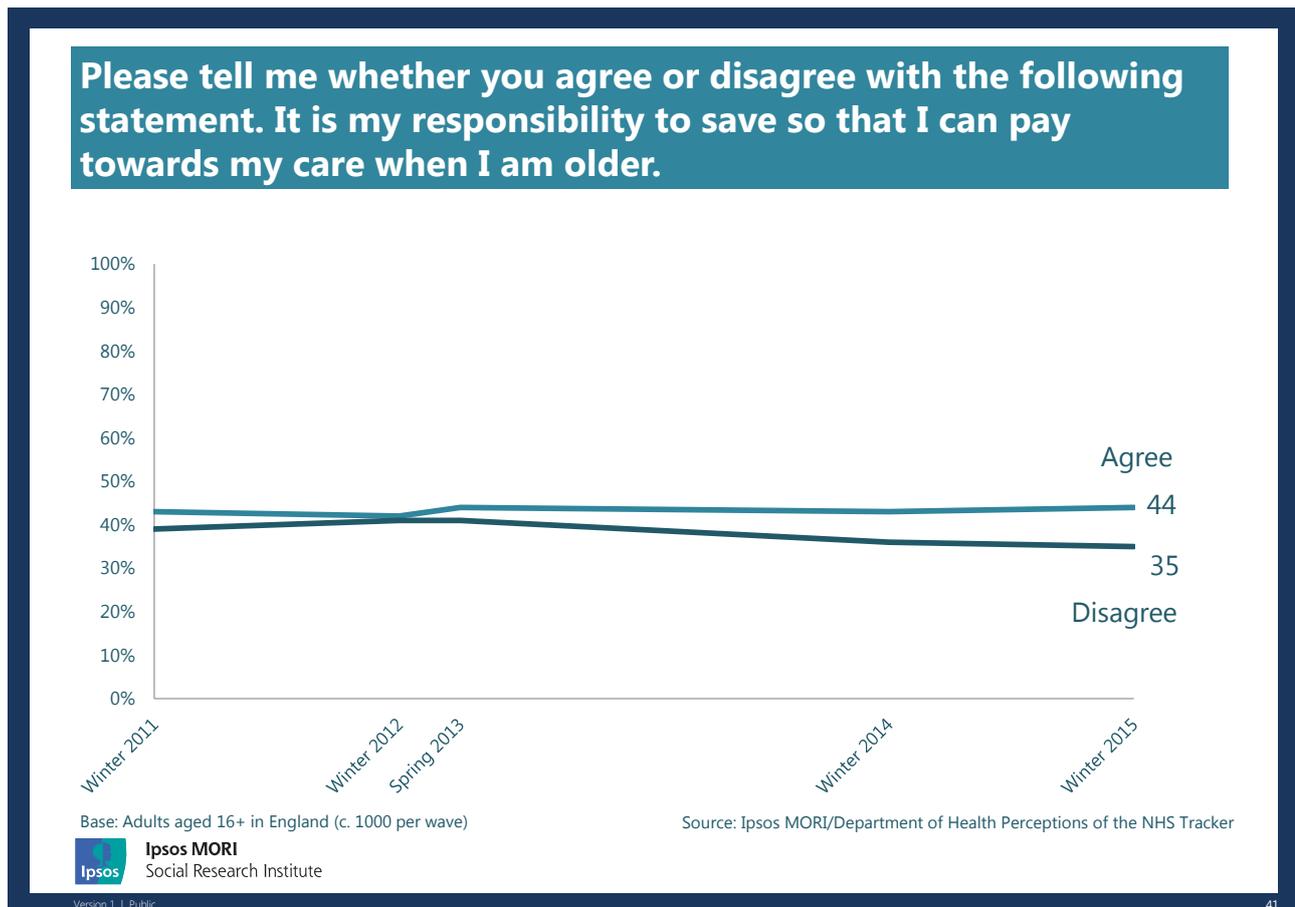
- informal carers (55% are concerned compared with 40% of those without caring responsibilities).
- people with a long-standing illness, disability or infirmity or who live with someone who does (52% of this group are concerned compared with 40% of those who do not have or live with someone with a long-standing illness, disability or infirmity); and

- people who have experience of social care services, either personally or through members of their household, family or friends (50% of this group are concerned compared with 41% of those who do not have experience of social care services).

### 11.3 Responsibility for saving

A little over four in ten (44%) agree that it is their responsibility to save so that they can pay towards their care when they are older, while a third (35%) do not. Just under two in ten (19%) do not give an opinion either way. These findings are in line with those from the winter 2014 wave of the survey.

**Figure 11.4: Agreement with the statement: 'It is my responsibility to save so that I can pay towards my care when I am older'**



Attitudes to responsibility for saving for social care differ by age and social grade.

- Those aged 75 and over are more likely than those aged 16 to 24 to say that it is not their responsibility to save so that they can pay towards their care (43% compared with 30%).
- Those in social grades C2 and DE are more likely to say it is not their responsibility to save than those in social grade AB (40% and 40% respectively compared with 27%).

Attitudes to responsibility for saving for social care also differ by attitudes to government policies for social care. People who disagree that the government has the right social care policies are more likely to say it is not their responsibility to save (43% compared with 28% of those who think the government has the right policies).

# Appendices

# 12. Methodology

## 12.1 Methodology

### Sampling and fieldwork

Ipsos MORI carried out 1,007 interviews among a representative sample of adults aged 16 and over living in 112 output areas (OAs) across the 9 Government Office Regions (GORs) of England. The average interview length was 22 minutes.

The survey was conducted using a quota sampling approach. The primary sampling unit (PSU) for this survey is a pair of census output areas (OA), consisting of around 250 addresses. The full list of OAs in England was stratified by region, local authority within region, and demographic profile (the percentage of the population who are of social grade A/B). A number of double OAs across England in which to carry out interviews was then selected. In order to ensure each household had an equal chance of being selected regardless of the geographical size of the OA in which it is located, a 'probability proportional to size' sample design was employed, meaning that each OA's chance of appearing in the sample was proportional to the number of households it contains. The list of selected OAs was then compared with that used in the previous wave of the survey to ensure interviews are not carried out in the same locations.

Interviewers were then assigned sampling points from the list of selected double OAs in which to achieve a particular number of interviews. Within each sampling point, interviewers were instructed to leave at least 1 residence between a successful interview and the next residence they approach for an interview. They were also asked to try and spread out the interviews they achieve over different roads (and different blocks of flats if applicable) within the list of addresses they have been given.

In order to ensure the sample of those interviewed was representative of the population, quotas were set on key demographics within each point, based on data from the 2011 Census regarding age, sex, and work status. These are the same quota categories that have been used on every wave of the survey.

At the analysis stage, data were weighted to the population profile in terms of age, sex, working status and GOR based on the 2011 Census profile. Again, these are the same weighting characteristics that have been used on every wave of the survey.

Keeping quotas and weights consistent helps ensure it is possible to be confident that any change in the data is due to changes in perceptions rather than changes in approach.

The profile of participants in the 2015 and 2014 waves of the survey differed slightly in terms of social grade. As an experiment, the 2015 data was weighted in line with the social grade profile achieved in the 2014 survey. This made very little significant difference to the 2015 data, and so it was concluded that differences in the social grade of participants could not explain the differences recorded between the 2014 and 2015 surveys. Please note the data included in this report does not have the social grade weight applied.

All interviews were conducted face-to-face and in-home, between 2 November and 13 December 2015.

Interviews were conducted using CAPI (computer-assisted personal interviewing), as were interviews in the winter 2014, winter 2013, spring 2013, winter 2012, spring 2012, winter 2011 and winter 2010 waves of this research. Interviews carried out in waves prior to winter 2010 were conducted using interviewer administered pen-and-paper interviewing.

A pilot survey was not carried out. This is because the survey has been carried out several times before and the sampling and fieldwork design did not change for this wave. Although some of the questions changed, these were cognitively tested before survey fieldwork (as explained in the next section).

### Questionnaire design

New questions in the questionnaire were cognitively tested prior to the winter 2015 wave.

Cognitive testing is a qualitative technique that explores how participants understand survey questions, recall information, make judgements about how to respond and then how they respond using the available answer options. By asking participants to answer the proposed survey questions, followed up with probing by the interviewer, problems with the questions which might otherwise be hidden can be uncovered. By understanding the causes of any problems, recommendations can be made to overcome them by rewording the question or answer categories.

A total of 8 cognitive interviews were carried out.

Cognitive testing samples are qualitative and designed to reflect the range and diversity of the population in terms of how they would respond to the survey questions being tested. Minimum quotas were set on key sub-groups, such as gender, age, ethnicity and social grade. Participants were recruited by Ipsos MORI's specialist qualitative recruitment team.

Each interview lasted around one hour and was conducted by members of the Ipsos MORI core research team. Participants were offered £30 to thank them for taking part.

Following the interviews, the research team analysed the findings for each question tested and produced a report presenting these findings, along with recommendations for changes to the questionnaire. The questionnaire was then reviewed again and changes were made before it was finalised.

## 12.2 Referenced reports

Where relevant, this report draws on research and data from other publications, produced both by Ipsos MORI and other organisations. Where other data is used this is clearly referenced in a footnote. Below is a summary of these publications:

- Ipsos MORI Public Services and Austerity Survey, published online on 28 October 2015, <https://www.ipsos-mori.com/researchpublications/researcharchive/3644/Coming-to-terms-with-austerity.aspx> Results based on 1,001 telephone interviews among a representative sample of adults aged 18+ in Great Britain between 8 and 11 August 2015.
- The Five Year Forward View, NHS England, 23 October 2014, <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

- Spending review and autumn statement 2015, HM Treasury, 27 November 2015, <https://www.gov.uk/government/publications/spending-review-and-autumn-statement-2015-documents/spending-review-and-autumn-statement-2015>
- Carcinogenicity of consumption of red and processed meat, Véronique Bouvard, Dana Loomis, Kathryn Z Guyton, Yann Grosse, Fatiha El Ghissassi, Lamia Benbrahim-Tallaa, Neela Guha, Heidi Mattock, Kurt Straif on behalf of the International Agency for Research on Cancer Monograph Working Group, published online on 26 October 2015, The Lancet Oncology, [http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(15\)00444-1/abstract#](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(15)00444-1/abstract#)

Where appropriate, this report compares results from this wave of the Public Perceptions of the NHS and Social Care Tracking survey with those obtained in previous waves of this survey. Key details of all previous waves of the survey are listed below.

**Spring 2000:** results based on 1,046 face-to-face and in-home interviews among a representative sample of adults aged 16+ living in 104 enumeration districts between 14 April and 7 May 2000;

**Winter 2001:** results based on 1,021 interviews in 104 enumeration districts between 21 November and 10 December 2001;

**Spring 2002:** results based on 1,041 interviews in 108 enumeration districts between 4 May and 5 June 2002;

**Winter 2002:** results based on 1,002 interviews in 108 enumeration districts between 21 November and 24 December 2002;

**Spring 2003:** results are based on 1,000 interviews in 108 enumeration districts between 12 May and 8 June 2003;

**Winter 2003:** results are based on 1,039 interviews in 104 enumeration districts between 18 November 2003 and 18 January 2004;

**Spring 2004:** results are based on 1,031 interviews in 104 enumeration districts between 4 June and 6 July 2004;

**Winter 2004:** results are based on 994 interviews in 102 output areas between 13 November and 12 December 2004,

**Spring 2005:** results are based on 1,002 interviews in 101 output areas between 1 June and 7 July 2005.

**Winter 2005:** results are based on 1,041 interviews in 104 output areas between 12 November and 13 December 2005.

**Spring 2006:** results are based on 1,009 interviews in 129 output areas between 13 June and 9 July 2006.

**Winter 2006:** results are based on 1,011 interviews in 86 output areas between 10 November and 3 December 2006.

**Spring 2007:** results are based on 1,013 interviews in 87 output areas between 3 March and 2 April 2007.

**Summer 2007:** results are based on 1,026 interviews in 113 output areas between 22 June and 20 July 2007.

**Winter 2007:** results are based on 1,011 interviews in 88 output areas between 12 November and 15 December 2007.

**Spring 2008:** results are based on 1,036 interviews in 88 output areas between 10 March and 6 April 2008.

**Summer 2008:** results are based on 1,003 interviews in 88 output areas between 27 May and 23 June 2008.

**Winter 2008:** results are based on 1,003 interviews in 104 output areas between 17 November and 15 December 2008.

**Spring 2009:** results are based on 1,015 interviews in 104 output areas between 9 March and 5 April 2009.

**Summer 2009:** results are based on 1,039 interviews in 104 output areas between 25 May and 26 June 2009.

**Winter 2009:** results are based on 1,008 interviews in 104 output areas between 12 November and 10 December 2009.

**Spring 2010:** results are based on 1,006 interviews in 104 output areas between 22 February and 22 March 2010.

**Winter 2010:** results are based on 1,011 interviews in 104 output areas between 22 November and 23 December 2010.

**Winter 2011:** results are based on 1,001 interviews in 104 output areas between 14 November and 9 December 2011.

**Spring 2012:** results based on 1,015 interviews in 104 output areas between 4 and 31 May 2012.

**Winter 2012:** results based on 1,004 interviews in 104 output areas between 5 November and 16 December 2012.

**Spring 2013:** results based on 1,005 interviews in 134 output areas between 20 May and 26 June 2013.

**Winter 2013:** results based on 1,016 interviews in 84 output areas between 18 November and 16 December 2013.

**Winter 2014:** results based on 1,016 interviews in 134 output areas between 3 November and 17 December 2014.

## 12.3 Guide to statistical reliability

How accurately does the survey reflect the views of the English population?

It should be remembered that a sample and not the entire population of adults living in the 9 GORs of England has been interviewed. In consequence, all results are subject to sampling tolerances, which means that not all differences between results are statistically significant, at the 95% confidence interval. For example, for a question where 50% of the people in a weighted sample of 1,000 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus three percentage points from the result that would have been obtained from a census of the entire population (using the same procedures).

Indications of approximate sampling tolerances for this survey, and for surveys of smaller groups of participants, are provided in the table below. As shown, sampling tolerances vary with the size of the sample and the size of the percentage results. This survey used a quota sampling approach. Strictly speaking the tolerances applied here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.<sup>24</sup>

Approximate sampling tolerances applicable to percentages at or near these levels at the 95% confidence interval			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
100 interviews	6	9	10
200 interviews	4	6	7
300 interviews	3	5	6
400 interviews	3	5	5
500 interviews	3	4	4
600 interviews	2	4	4
700 interviews	2	3	4
800 interviews	2	3	4
900 interviews	2	3	3
1,007 interviews	2	3	3

<sup>24</sup> Orton, S. (1994), Evidence of the Efficiency of Quota Samples. Survey Methods Newsletter, vol. 15, no. 1; Stephenson, C. B. (1979), Probability Sampling with Quotas: Wan Experiment. POQ, vol. 43, no. 4.

### Comparing the views of different groups within the sample surveyed

Different groups within a sample (e.g. men and women) may have different results for the same question. A difference has to be of a certain size in order to be statistically significant. To test if a difference in results between two sub-groups within a sample is statistically significant, at the 95% confidence interval, the differences between the two results must be greater than the values provided in the table below. Again, strictly speaking the sampling tolerances shown here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.<sup>25</sup>

Differences required for significance at or near these percentages at the 95% confidence interval			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
100 and 100	8	13	14
100 and 200	7	11	12
100 and 300	7	10	11
100 and 400	7	10	11
100 and 500	7	10	11
200 and 200	7	10	11
200 and 300	5	8	9
200 and 400	5	8	9
200 and 500	5	8	8
300 and 300	5	7	8
300 and 400	5	7	8
300 and 500	4	7	7
400 and 400	4	6	7
400 and 500	4	6	7
500 and 500	4	6	6

<sup>25</sup> Ibid.

Only sub-groups comprising 100 or more participants are commented on in this report. It should be noted, however, that the smaller the size of the sub-group, the less we can rely on the survey estimates to be true representatives of the population as a whole. Findings for groups with as few as 100 participants can be subject to confidence intervals of +/-10%.

In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented on in the report.

A number of different sub-groups have been reviewed during the data analysis stage and the ones referenced in the report are as follows (listed in alphabetical order):

Umbrella sub-group	Sub-group	Unweighted base size (winter 2015 wave)
Age	16 to 24 year olds	129
	25 to 34 year olds	156
	35 to 54 year olds	318
	55 to 64 year olds	155
	65 to 74 year olds	148
	People aged 75 years old and over	101
Date of interview	People who were interviewed before the government's joint Spending Review and Autumn Statement on 25 November 2015	621
	People who were interviewed on or after the government's joint Spending Review and Autumn Statement on 25 November 2015	386
Experience of social care services	People who have had experience of at least one of a list of social care services in the last year or so, either personally or through members of their household, family or friends	298
	People who have not had experience of at least one of a list of social care services in the last year or so, either personally or through members of their household, family or friends	709
Gender	Men	487
	Women	520
Informal carer status	Informal carers, defined as people who look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age	249

Umbrella sub-group	Sub-group	Unweighted base size (winter 2015 wave)
	People without caring responsibilities, defined as defined as people who do not look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age	757
Levels of concern about meeting the cost of potential social care services	People who are concerned about meeting the cost of social care services they might need when they are older	451
	People who are not concerned about meeting the cost of social care services they might need when they are older	527
Levels of satisfaction with the NHS	People who are satisfied with the running of the National Health Service nowadays	721
	People who are dissatisfied with the running of the National Health Service nowadays	134
Long-standing illness, disability or infirmity status	People with a long-standing illness, disability or infirmity	205
	People with a long-standing illness, disability or infirmity or who live with someone with one	304
	People without a long-standing illness, disability or infirmity and who do not live with someone with one	703
Recent A&E users	People who have been to hospital in the last year and whose last visit was to A&E	260
Recent inpatients	People who have been to hospital in the last year and whose last visit was as an inpatient	213
Recent outpatients	People who have been to hospital in the last year and whose last visit was as an outpatient	404
Recent use of hospital services	People who have been NHS inpatients, NHS outpatients, users of accident and emergency departments or minor injuries units in the last year	585
	People who have not been NHS inpatients, NHS outpatients, users of accident and emergency departments or minor injuries units in the last year	422
Recent use of NHS services	People who have used one or more of the following health services in the last year:	877

Umbrella sub-group	Sub-group	Unweighted base size (winter 2015 wave)
	<ul style="list-style-type: none"> <li>▪ GP</li> <li>▪ Inpatient services</li> <li>▪ Outpatient services</li> <li>▪ A&amp;E</li> <li>▪ NHS 111</li> <li>▪ Pharmacist/Chemist</li> <li>▪ NHS Choices website</li> <li>▪ Walk-in clinic</li> <li>▪ Minor injuries unit/Urgent care centre</li> </ul>	
	People who have used one or more of the following health services in the last year: <ul style="list-style-type: none"> <li>▪ GP</li> <li>▪ Inpatient services</li> <li>▪ Outpatient services</li> <li>▪ A&amp;E</li> <li>▪ NHS 111</li> <li>▪ Pharmacist/Chemist</li> <li>▪ NHS Choices website</li> <li>▪ Walk-in clinic</li> <li>▪ Minor injuries unit/Urgent care centre</li> </ul>	130
Social grade	AB	204
	C1	326
	C2	209
	DE	268
Views about future of the NHS	Those who think that the NHS will get better over the next few years	143
	Those who think that the NHS will stay the same over the next few years	270
	Those who think that the NHS will get worse over the next few years	552
Views about government policies for the NHS	People who agree that the government has the right policies for the NHS	275
	People who disagree that the government has the right policies for the NHS	425
Views about government policies for social care in England	People who agree that the government has the right policies for social care in England	253
	People who disagree that the government has the right policies for social care in England	431

Umbrella sub-group	Sub-group	Unweighted base size (winter 2015 wave)
Views about personal responsibility to pay towards social care	People who agree it is their responsibility to save so that they can pay towards their care when they are older	441
	People who disagree it is their responsibility to save so that they can pay towards their care when they are older	356
Views about whether it is easy to feed back on NHS services	Those who agree that it is easy for people to feed back on the service they receive from the NHS	469
	Those who disagree that it is easy for people to feed back on the service they receive from the NHS	293
Views about whether people are treated with compassion when they use NHS services	Those who agree that people are treated with compassion when they use NHS services	811
	Those who disagree that people are treated with compassion when they use NHS services	145
Views about whether people are treated with dignity and respect when they use NHS services	Those who agree that people are treated with dignity and respect when they use NHS services	802
	Those who disagree people are treated with dignity and respect when they use NHS services	152
Views about whether people have enough involvement in their treatment and care	Those who agree that people have enough involvement in their treatment and care	547
	Those who disagree that people have enough involvement in their treatment and care	187
Views about whether people have enough choice in their treatment and care	Those who agree that people have enough choice in their treatment and care	530
	Those who disagree that people have enough choice in their treatment and care	222

### Comparing results from different waves of the survey

When looking at results to the same question from different waves of the survey, again, a difference has to be of a certain size in order to be statistically significant. To test if a difference in results between two waves of the survey is statistically significant, at the 95% confidence interval, the differences between the two results must be greater than the values provided in the table below. Again, strictly speaking the sampling tolerances shown here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.<sup>26</sup>

Differences required for significance at or near these percentages at the 95% confidence interval			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
1016 and 1007 (winter 2014 and winter 2015 surveys)	3	4	4

<sup>26</sup> Ibid.

## 12.4 Guide to social classification

In this report, references are made to social grade. The following table contains a brief list of social grade definitions as used by the Institute of Practitioners in Advertising. These groups are standard on all surveys carried out by Ipsos MORI.

Social Grade	Social Class	Occupation of Chief Income Earner
A	Upper Middle Class	Higher managerial, administrative or professional
B	Middle Class	Intermediate managerial, administrative or professional
C1	Lower Middle Class	Supervisor or clerical and junior managerial, administrative or professional
C2	Skilled Working Class	Skilled manual workers
D	Working Class	Semi and unskilled manual workers
E	Those at the lowest levels of subsistence	State pensioners, etc, with no other earnings

Source: Ipsos MORI

Interviewers use the following questions to help assign a participant a social grade classification:

- Who is the chief income earner in the household? (This is the person in the household with the largest income, whether from employment, pensions, state benefits, investments or any other source.)
- What is the occupation of the chief income earner?
- What is chief income earner's job title is and what do they actually do?
- What type of company does the chief income earner work for?
- How many people work for the company?
- How many people is the chief income earner responsible for?
- Does the chief income earner have any job related qualifications?

In some cases, interviewers also ask these additional questions:

- Is the chief income earner self-employed?
- How many hours a week does the chief income earner work?
- Is the chief income earner's job is manual or non-manual?

## 12.5 Questionnaire

### Public Perceptions of the NHS and Social Care Tracker Survey

#### Questionnaire Winter 2015 Wave

Good morning, afternoon, evening. My name is ..... from Ipsos MORI, the market and opinion research organisation, and we are carrying out a survey on health issues in your area and nationally. The interview will take about 20 minutes.

I would like to assure you that all the information we collect will be kept in the strictest confidence, and used for research purposes only. All individual responses will remain anonymous. All interviews will be carried out in accordance with the Market Research Society Code of Conduct.

PLEASE DO NOT INFORM RESPONDENTS WHO THE CLIENT IS. IF RESPONDENTS ASK, TELL THEM THAT YOU WILL REVEAL THIS INFORMATION AT THE END OF THE INTERVIEW.

#### Overall satisfaction with, and use of, the NHS

- Q1 SHOWCARD A (R)  
**Overall, how satisfied or dissatisfied are you with the running of the National Health Service nowadays?**  
SINGLE CODE ONLY.

Very satisfied	
Quite satisfied	
Neither satisfied nor dissatisfied	
Quite dissatisfied	
Very dissatisfied	
Don't know/Refused	

- Q2 SHOWCARD B (R)  
**To what extent, if at all, do you agree or disagree with the following statements?**  
READ OUT STATEMENTS a-c. ROTATE ORDER. SINGLE CODE ONLY.

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know/No opinion
a The government has the right policies for the NHS						
b The NHS is providing a good service nationally						
c My local NHS is providing me with a good service						

Q3 **Thinking about the NHS over the next few years do you expect it to...?**  
 READ OUT STATEMENTS a-e. REVERSE ORDER. SINGLE CODE ONLY.

a	<b>Get much better</b>	
b	<b>Get better</b>	
c	<b>Stay about the same</b>	
d	<b>Get worse</b>	
e	<b>Get much worse</b>	
	Don't know	

Q4 SHOWCARD C (R)  
**Which of the following health services, if any, have you personally used in the last year or so? Just read out the letter or letters that apply.**  
 MULTICODE OK EXCEPT FOR NONE OF THESE OR DON'T KNOW/REFUSED..

A	<b>Been an inpatient at an NHS hospital</b>	GO TO FILTER AT Q5
B	<b>Attended an NHS hospital as an outpatient</b>	
C	<b>Visited an accident and emergency (A&amp;E) department</b>	
D	<b>Visited a minor injuries unit or an urgent care centre</b>	
E	<b>Used NHS111 (the NHS telephone line)</b>	GO TO Q6
F	<b>Visited a Pharmacist/Chemist for medical advice</b>	
G	<b>Used the NHS Choices website</b>	
H	<b>Used a walk-in clinic</b>	
I	<b>Visited an NHS GP</b>	
J	<b>Used social care services</b>	
	Other (please specify)	
	None of these	
	Don't know/Refused	

ASK IF HAVE BEEN INPATIENT, OUTPATIENT, VISITED A&E, VISITED A MINOR INJURIES UNIT OR AN URGENT CARE CENTRE IN THE LAST YEAR AT Q4 (MORE THAN ONE CODE AT CODES 1-4). OTHERS GO TO Q6.

SHOWCARD D (R)

Q5 **You say you have been an NHS inpatient, or an NHS outpatient, or have visited an A&E department, or a minor injuries unit or urgent care centre within the last year or so. Which ONE of these was the most recent visit you have made as a patient? Just read out the letter that applies.**  
 SINGLE CODE ONLY.

A	<b>Been an inpatient at a NHS hospital</b>
B	<b>Attended an NHS hospital as an outpatient</b>
C	<b>Visited an accident and emergency (A&amp;E) department</b>
D	<b>Visited a minor injuries unit or an urgent care centre</b>
	Don't know

ASK ALL

Q6

SHOWCARD E (R)

**Now thinking about the last time you visited an NHS hospital, overall, how satisfied or dissatisfied were you with this last visit as a patient?**

SINGLE CODE ONLY.

Very satisfied	
Fairly satisfied	
Neither satisfied or dissatisfied	
Fairly dissatisfied	
Very dissatisfied	
Not applicable/Haven't been	
Don't know/No opinion	

Q7

SHOWCARD E AGAIN (R)

**Now thinking about the last time you visited your local doctor or GP, overall, how satisfied or dissatisfied were you with this last visit as a patient?**

SINGLE CODE ONLY.

Very satisfied	
Fairly satisfied	
Neither satisfied or dissatisfied	
Fairly dissatisfied	
Very dissatisfied	
Not applicable/ Haven't been	
Don't know/No opinion	

## Communication channels and technology

Q8 SHOWCARD F

**In which, if any, of the following ways have you consulted your GP in the last year? By consulted your GP, I mean sought advice from them about a health related matter.**

MULTICODE OK EXCEPT FOR NONE OR DON'T KNOW.

<b>Face to face</b>	1
<b>Telephone (not including NHS 111)</b>	2
<b>Email</b>	3
<b>A voice or video call on the internet using a microphone or webcam (e.g. using Skype)</b>	4
<b>Other online, e.g. an online form</b>	5
Other	6
None	7
Don't know	8

Q9 SHOWCARD G (R)

**Some people are starting to have contact with NHS services in a number of new ways. In which, if any, of the following ways have you had contact with an NHS service (such as your GP surgery, local hospital, dentist or pharmacy) in the last year?**

MULTICODE OK EXCEPT FOR NONE OF THESE OR DON'T KNOW.

<b>Online appointment booking service</b>	
<b>Receiving reminders about appointments by mobile phone text message</b>	
<b>Online repeat prescriptions ordering service</b>	
<b>Receiving reminders about repeat prescriptions by mobile phone text message</b>	
<b>111 telephone service for non-emergency assistance</b>	
<b>Accessing your GP health records online</b>	
None of these	
Don't know	

Q10 SHOWCARD H (R)

**Which two or three of these, if any, would you find most useful to be able to do?**

MULTICODE UP TO THREE CODES OK EXCEPT FOR NONE OF THESE OR DON'T KNOW.

<b>Book GP appointments online</b>	
<b>Receive reminders about GP appointments by mobile phone text message</b>	
<b>Order repeat prescriptions online</b>	
<b>Receive reminders about repeat prescriptions by mobile phone text message</b>	
<b>Access your GP health records online</b>	
None of these	
Don't know	

**Problems facing the NHS**

- Q11 **Overall, what do you see as the biggest problems facing the NHS?**  
 PROBE FULLY USING “What else?”  
 DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. PLEASE SCROLL DOWN FOR FULL LIST. MULTICODE OK EXCEPT FOR DON'T KNOW OR NONE OF THESE.

<u>ACCESS TO TREATMENT/WAITING TIME</u>	Long waiting lists/times
<u>CHOICE</u>	Not enough patient choice about care/treatment Not enough patient say/involvement in decisions about healthcare services
<u>EXTERNAL FACTORS</u>	Bird flu Swine flu (pig flu) Foreigners/immigrants Flu pandemic Overstretched/aging population Public health problems (smoking, obesity, sexual health, etc) Trivial use/abuse
<u>MANAGEMENT/BUREAUCRACY</u>	Bureaucracy/top heavy management Political influence/government targets Privatisation Problems prioritising treatment/patient groups Big changes to services/NHS reforms
<u>RESOURCES/INVESTMENT</u>	Lack of resources/investment Hospital closures/lack of hospitals/facilities Not enough doctors (unspecified)/nurses/understaffed Not enough GPs Poor pay for NHS staff Poor quality staff education/training Overworked staff Shortage of beds Shortage of NHS dentists Staff retention
<u>TREATMENT QUALITY/IMPROVEMENTS</u>	Low quality of services/treatment/care Poor quality care of the elderly Poor standards of cleanliness/superbugs/MRSA Other (PLEASE WRITE IN AND CODE '2') Don't know None of these

**Public health**

Q12

**Thinking generally, what are the biggest health problems facing people today?**

PROBE FULLY USING "What else?"

DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. PLEASE SCROLL DOWN FOR FULL LIST. MULTICODE OK EXCEPT FOR DON'T KNOW OR NONE OF THESE.

Age-related illnesses/people living longer/old age	
Aids/HIV	
Alcohol abuse/drink-related illnesses/alcoholism/binge drinking	
Bird flu	
Cancer	
Dementia	
Diabetes	
Diabetes in children	
Drugs/abuse/misuse of drugs/substances	
Flu pandemic	
Heart disease/attacks	
Lack of exercise/sedentary lifestyle	
Liver disease	
Lung disease/respiratory disease	
Mental health	
MRSA/cleanliness in hospitals	
Obesity in children	
Obesity/overeating	
Poor diet/ lack of nutrition/eating habits/junk food	
Smoking/smoking related illnesses	
Stress/pressure	
Stroke	
Swine flu (pig flu)	
Unhealthy lifestyle	
Other (PLEASE WRITE IN AND CODE '6')	
Don't know	
None of these	

- Q13 SHOWCARD I (R)  
**How effective, if at all, do you think the Government is being in each of these areas?**  
 READ OUT. ROTATE STATEMENTS. SINGLE CODE ONLY.

		Very effective	Fairly effective	Not very effective	Not at all effective	Don't know
a	Tackling obesity					
b	Reducing smoking					
c	Reducing harmful drinking					
d	Reducing diabetes					

- Q14 SHOWCARD J (R)  
**How much responsibility, if any, do you think each of the following has in tackling obesity?**  
 READ OUT. ROTATE STATEMENTS. SINGLE CODE ONLY.

		A great deal	A fair amount	Not very much	None at all	Don't know
a	The Government					
b	The food and drinks industry					
c	Individuals					

- Q15 ASK IF PARTICIPANT GIVES THE SAME ANSWER FOR TWO OR MORE STATEMENTS AT Q14 AND THEY ARE THE HIGHEST CODE OUT OF THE ANSWERS THEY GIVE.

**Which one of the following do you think has the biggest role to play in tackling obesity? IF PARTICIPANT GIVES THE SAME ANSWER FOR ALL THREE STATEMENTS AT Q14: And which has the smallest role?**  
 SINGLE CODE ONLY. ALLOW DON'T KNOW AT EACH POINT (E.G. A PARTICIPANT CAN NAME WHICH HAS THE BIGGEST ROLE, BUT SAY DON'T KNOW ABOUT THE SECOND BIGGEST ROLE)

<b>The Government</b>	
<b>The food and drinks industry</b>	
<b>Individuals</b>	
Don't know	
None of these	

ASK ALL  
 Q16 **Which health conditions, if any, do you think obesity contributes to?**  
 PROBE WITH: **“And which others?”**  
 DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. PLEASE  
 SCROLL DOWN FOR FULL LIST. MULTICODE OK EXCEPT FOR DON'T  
 KNOW OR NONE.

MENTAL HEALTH	
Anxiety	
Depression	
Mental health conditions (not specified further)	
DISEASES/ILLNESSES/CONDITIONS	
Asthma	
Dementia	
Cancer	
Diabetes	
Gallstones	
Gout	
Stroke	
Heart disease	
Kidney disease	
Liver disease	
SYMPTOMS	
Breathlessness	
Difficulty doing daily tasks	
Difficulty exercising	
High blood pressure	
High cholesterol	
JOINTS/BONES	
Problems with bones/ weak bones	
Osteoarthritis	
Joint/ back pain	
PREGNANCY/FERTILITY	
Pregnancy complications	
Reduced fertility	
SLEEP/TIREDNESS	
Feeling tired	
Sleep problems/ apnoea	
Snoring	
OTHER	
Other (PLEASE WRITE IN)	
Don't know	
None	

**Patient involvement in treatment and care**

Q17 SHOWCARD K (R)  
**Thinking back to the last time you saw a health professional, such as a GP or hospital doctor, to what extent would you agree or disagree with each of the following statements.**

**a) I was involved as much as I wanted to be in decisions about my care or treatment**

**b) I was able to choose the treatment or service which best suited my needs**  
 SINGLE CODE ONLY.

Strongly agree	
Tend to agree	
Neither agree nor disagree	
Tend to disagree	
Strongly disagree	
Don't know	

Q18 SHOWCARD K AGAIN (R)  
**To what extent do you agree or disagree with each of the following statements:**

**a) People have enough choice about their treatment and care**

**b) People have enough involvement in their treatment and care**

SINGLE CODE ONLY. ROTATE STATEMENTS.

Strongly agree	
Tend to agree	
Neither agree nor disagree	
Tend to disagree	
Strongly disagree	
Don't know	

## Q19 SHOWCARD L (R)

**I am now going to read out a few more statements. For each one, please can you tell me whether you think it is true or false.**

SINGLE CODE ONLY. ALLOW DON'T KNOW.

		True	False	Don't know
a	<b>You have a choice about which GP practice you are registered at</b>			
b	<b>You have a choice about which particular GP you see at your surgery for an appointment</b>			
c	<b>You have a choice about which hospital you could be treated at for a non-emergency appointment</b>			
d	<b>You have a choice about which team of doctors could treat you at a hospital</b>			
e	<b>You have a choice about which nurse treats you at a hospital</b>			
f	<b>You have a choice about which treatment you receive for a condition</b>			

Q20 **Have you ever looked for information about how well or badly a local healthcare service is performing?**

SINGLE CODE ONLY

	Yes	1
	No	2
	Don't know/can't remember	3

**Changes to the NHS**

- Q21 SHOWCARD M (R)  
**How confident, if at all, are you that you would receive the most up-to-date treatment in the NHS?**  
 SINGLE CODE ONLY.

Very confident	
Fairly confident	
Not very confident	
Not at all confident	
Don't know	

- Q22 SHOWCARD N, O, P, Q (R)  
**To what extent, if at all, do you agree or disagree with the following statements?**  
 READ OUT STATEMENTS a-e AND PRESENT ON SHOWCARD WITH ANSWER CODES.  
 SINGLE CODE ONLY.

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
a	I would be prepared to travel further than my local hospital to a specialist centre for serious health issues such as a stroke, cancer or heart disease						
b	I would receive the same standard of care in a local GP practice as in a hospital if I needed minor surgery such as having an ingrowing toe nail removed						
c	I would receive the same standard of care in a local pharmacy as in a local GP practice if I needed treatment for a cough, a cold or another minor ailment						
d	I would feel confident caring for myself if I had a cough, cold or other minor ailment without going to see my GP						

## **Complaints**

Q23 SHOWCARD R (R)  
**If you had a poor experience at one of the following NHS services, how comfortable, if at all, would you feel about making a complaint to them?**  
 READ OUT. ROTATE STATEMENTS. SINGLE CODE ONLY.

		<b>Very comfortable</b>	<b>Fairly comfortable</b>	<b>Not very comfortable</b>	<b>Not at all comfortable</b>	Don't know
a	<b>GP practice</b>					
b	<b>Hospital</b>					

**Social care**

ASK ALL

Q24 SHOWCARD S (R)

**The Department of Health defines social care as services to support people to be independent, play a full part in society and protect them in vulnerable situations. It includes practical help in the home, day centres, residential and nursing care homes, as well as advice and guidance. To what extent, if at all, do you agree or disagree with the following statements?**

READ OUT STATEMENTS a-d. ROTATE ORDER. SINGLE CODE ONLY.

		<b>Strongly agree</b>	<b>Tend to agree</b>	<b>Neither agree nor disagree</b>	<b>Tend to disagree</b>	<b>Strongly disagree</b>	Don't know/No opinion
a	<b>The government has the right policies for social care in England</b>						
b	<b>Overall, local authorities in England are providing good social care services</b>						

## SHOWCARD T (R)

Q25 Which of the following social care services, if any, have you, members of your household, close family or friends used in the last year or so? Just read out the letter or letters that apply.

FOR EACH SERVICE MENTIONED: And did you use that service personally or was it someone else?

PLEASE CODE EACH SERVICE MENTIONED APPROPRIATELY INTO THE 'ME PERSONALLY' AND/OR 'SOMEONE ELSE' COLUMN.

MULTICODE OK EXCEPT FOR NONE OF THESE OR DON'T KNOW FOR EACH COLUMN.

		ME PERSONALLY	SOMEONE ELSE
	<b><u>RESIDENTIAL SUPPORT</u></b>		
A	Home care for older people		
B	Home care for people with disabilities		
C	Residential/nursing care for older people		
D	Residential/nursing care for people with disabilities		
	<b><u>DAY-TO-DAY SUPPORT</u></b>		
E	Assisted technology (e.g. automatic sensors to say if lights left on/fridge door open)		
F	Basic needs such as food, shelter and medical care for older people/people with disabilities		
G	Day/community/luncheon centres for people with disabilities		
H	Day/community/luncheon centres for older people		
I	Meals on wheels		
J	Transport services for older people/people with disabilities		
	<b><u>FINANCIAL SUPPORT</u></b>		
K	Direct payment/Individual budgets/Personal health budgets (payment of allowances/funds into personal accounts/personal budgets/allowances to spend on services)		
	<b><u>EMPLOYMENT</u></b>		
L	Support to stay in work for those with a disability/long-term health condition		
	Other (PLEASE WRITE IN & CODE '1')		
	None of these		
	Don't know		

- Q26 SHOWCARD U (R)  
**Many people will need to use social care services when they are older and it is likely that they may have to contribute towards the cost. Before today, to what extent had you thought about preparing financially to pay for social care services you might need when you are older?**

SINGLE CODE ONLY.

To a great extent	
To some extent	
Hardly at all	
Not at all	
Already using social care services	

- Q27 SHOWCARD U AGAIN (R)  
**And to what extent are you already preparing financially to pay for the social care services you might need when you are older?**

SINGLE CODE ONLY.

To a great extent	
To some extent	
Hardly at all	
Not at all	
Already using social care services	

- Q28 SHOWCARD V (R)  
**And please tell me whether you agree or disagree with the following statement. It is my responsibility to save so that I can pay towards my care when I am older.**

SINGLE CODE ONLY.

Strongly agree	
Tend to agree	
Neither agree nor disagree	
Tend to disagree	
Strongly disagree	
Don't know	

- Q29 SHOWCARD W (R)  
**Before today how concerned were you, if at all, about meeting the cost of social care services you might need when you are older?**

SINGLE CODE ONLY.

Very concerned	
Fairly concerned	
Not very concerned	
Not at all concerned	
Don't know	

**Key statements**

ASK ALL

Q30 SHOWCARD X (R)

– 42 **Please tell me whether on the whole you agree or disagree with each of the following statements:**

READ OUT Q30 TO Q42. ROTATE ORDER BUT NEVER START AT Q39. SINGLE CODE ONLY FOR EACH.

		Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
Q30	<b>Britain's National Health Service is one of the best in the world</b>					
Q31	<b>The NHS provides good value for money to taxpayers</b>					
Q32	<b>If I was very ill I would feel safe in an NHS hospital</b>					
Q33	<b>People are treated with dignity and respect when they use NHS services</b>					
Q34	<b>NHS and social care services work well together to give people co-ordinated care</b>					
Q35	<b>The NHS will face a severe funding problem in the future</b>					
Q36	<b>The NHS is doing everything it can to reduce waste and inefficiency</b>					
Q37	<b>People are treated with compassion when they use NHS services</b>					
Q38	<b>The NHS acts on feedback it receives from patients</b>					
Q39	<b>It is easy for people to feed back on the service they receive from the NHS</b>					
Q40	<b>Mental health services are as much of a priority for Government as other NHS services</b>					
Q41	<b>Hospitals provide the same standard of service to patients at the weekend as during the week</b>					
Q42	<b>GP practices should open during the evening and at weekends for routine appointments</b>					

ASK ALL

Q43 SHOWCARD X AGAIN (R)

– 45 **Please tell me whether on the whole you agree or disagree with each of the following statements:**

READ OUT Q43 TO Q45. SINGLE CODE ONLY FOR EACH.

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
Q43 <b>NHS waiting times for emergency treatment and care are too long</b>					
Q44 <b>NHS waiting times for non-emergency treatment and care are too long</b>					
Q45 <b>NHS waiting times for mental health treatment and care are too long</b>					

**Demographics****Gender**

SINGLE CODE ONLY.

Male

Female

WRITE IN &amp; CODE EXACT AGE.

**Exact age**

<input type="text"/>	<input type="text"/>
16-24	
25-34	
35-44	
45-54	
55-59	
60-64	
65-74	
75+	

**Occupation of chief income earner**

SINGLE CODE ONLY.

Position/rank/grade	
Industry/type of company	
Quals/degree/apprenticeship	
Number of staff responsible for	

REMEMBER TO PROBE FULLY FOR PENSION AND CODE FROM ABOVE.

**Social grade**

A	
B	
C1	
C2	
D	
E	

**Respondent is:**

Chief Income Earner	
Not Chief Income Earner	

**Household is:**

Pensioner only (i.e. no children or other adults)	
Non-pensioners (i.e. adults/no dependent children under 16)	
Adults with dependent child/ren under 16	

**Working status of respondent:**

Working - Full time (30+ hrs)	
- Part-time (9-29 hrs)	
Unemployed - seeking work	
- not seeking work	
Not working – retired	
- looking after house/children	
- invalid/disabled	
Student	
Other (PLEASE WRITE IN & CODE '9')	
Don't know	

QA **Marital status**  
SINGLE CODE ONLY.

Married	
Single	
Separated/Divorced	
Widowed	
Cohabiting	
Don't know/Refused	

ASK ALL.

QB **Are there any young people in your household?**  
MULTICODE OK EXCEPT FOR NONE UNDER 18.

Yes, aged 0-4	
Yes, aged 5-12	
Yes, aged 13-17	
None under 18	

ASK ALL

QC **Do you, or anyone else in your household have any long-standing illness, disability or infirmity? IF YES: Is that you or someone in your household?**  
MULTICODE OK EXCEPT FOR NO.

Yes, respondent	
Yes, other household member	
No	

QD SHOWCARD Y (R)  
Which group on this card do you consider you belong to? Please just read out the letter.

SINGLE CODE ONLY. PLEASE SCROLL DOWN FOR FULL LIST.

	<b>White</b>	
A	English/Welsh/Scottish/Northern Irish/British	
B	Irish	
C	Gypsy or Irish Traveller	
D	Any other White background	
	<b>Mixed/multiple ethnic groups</b>	
E	White and Black Caribbean	
F	White and Black African	
G	White and Asian	
H	Any other Mixed/multiple ethnic background	
	<b>Asian/Asian British</b>	
I	Indian	
J	Pakistani	
K	Bangladeshi	
L	Chinese	
M	Any other Asian background	
	<b>Black/African/Caribbean/Black British</b>	
N	African	
O	Caribbean	
P	Any other Black/African/Caribbean background	
	<b>Other ethnic group</b>	
Q	Arab	
R	Any other ethnic group	
	Refused/Not stated	

QE Do you personally, members of your family, or any of your friends work for the NHS in any capacity? IF YES: Is that you personally, a member of your family or a friend?

MULTICODE OK EXCEPT FOR NO AND DON'T KNOW/NOT SURE.

	Yes – me personally	
	Yes – members of my family	
	Yes – friends	
	No	
	Don't know/Not sure	

QF Do you personally, members of your family, or any of your friends work in social care, for example in a residential home, for Meals on Wheels, for a local authority social services department etc? IF YES: Is that you personally, a member of your family or a friend?

MULTICODE OK EXCEPT FOR NO AND DON'T KNOW/NOT SURE.

	Yes – me personally	
	Yes – members of my family	
	Yes – friends	
	No	
	Don't know/Not sure	

**QG Do you look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age? Do not count anything you do as part of your paid employment. IF YES: Is that for a member of your family, a friend, a neighbour or for someone else?**

MULTICODE OK EXCEPT FOR NO AND DON'T KNOW/NOT SURE.

Yes – for family
Yes – for friend
Yes – for neighbour
Yes –for someone else
No
Don't know/Not sure

---

Name/Initial/Title: Mr/Mrs/Ms/Miss \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Full postcode: \_\_\_\_\_

QTEL1 ENTER TELEPHONE NUMBER  
PLEASE INCLUDE THE FULL EXCHANGE CODE AND NUMBER.

NB ALL TELEPHONE NUMBERS SHOULD HAVE 11 DIGITS. DO NOT LEAVE A SPACE BETWEEN THE EXCHANGE CODE AND THE NUMBER, e.g. 02088615000

	Tel
Don't know	
Refused	

QTEL2 **Can I just check, do you have a mobile phone?** IF YES ASK: **Can I take the number please?**  
MULTICODE OK.

	Yes	
WRITE IN FULL TELEPHONE NUMBER		
No		
Refused		

QTEL3 **What is your e-mail address?**  
PLEASE WRITE IN. ASK RESPONDENT IF UPPER OR LOWER CASE.

Email	
Refused/don't have email address	

## For more information

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### **About Ipsos MORI's Social Research Institute**

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methodological and communications expertise, helps ensure that our research makes a difference for decision makers and communities.